2006 FOR PROFIT CORPORATION

Jan 24, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P04000053339** 01-24-2006 90011 031 ***150.00 CG HOMECENTER INC. Principal Place of Business Mailing Address 28274 SENATOR DRIVE 28274 SENATOR DRIVE PUNTA GORDA, FL 33955 PUNTA GORDA, FL 33955 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142006 Chg-P CR2E034 (11/05) 4. FEI Number 56-2450847 APPLIED FOR City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEORGE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 28274 SENATOR DRIVE PUNTA GORDA, FL 33955 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition GEORGE, RICHARD NAME NAME STREET ADDRESS 28274 SENATOR DRIVE STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33955 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ■ Addition NAME GEORGE, CAROL L NAME STREET ADDRESS 28274 SENATOR DRIVE STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33955 CITY-ST-ZIP TITLE Secretary ☐ Delete Change Addition NAME NAME Cardl L. George STREET ADDRESS STREET ADDRESS 28274 Senator Drive CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TREasurer **M** Addition Richard George Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Gorna, Fl. 33955 TITLE Delete MUE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: