2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 31, 2006 8:00 am Secretary of State DOCUMENT # P04000073104 07-31-2006 90006 015 ***150 00 A & R PROJECTS, CORP. Principal Place of Business Mailing Address 7208 ALOMA AVE SUITE 600 7208 ALOMA AVE SUITE 600 50023586 WINTER PARK, FL 32792 WINTER PARK, FL 32792 2. Principal Place of Business 3. Mailing Address 10501 SOUTH DRANGE AVE 10501 SOUTH ORANGEAR Suite, Apt. #, etc. Suite, Apt. #, etc. 07052006 CR2E034 (11/05) Chg-P SUITE SUITE City & State City & State 4. FEI Number Applied For ORLANDO OPLANDO 7 71-0970909 Not Applicable 3282Y Country US/A 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 Name AYALA, EDGAR Street Address (P.O. Box Number is Not Acceptable) 1714 BEAR BAY COVE ORLANDO, FL 32824 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. AUALIH EDGAR 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** In accordance with s. 607.193(2)(b), F.S., the Due by September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P.S TITLE ☐ Delete TITLE ☐ Addition AYALA, EDGAR NAME NAME STREET ADDRESS 1714 BEAR BAY COVE STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32824 CITY-ST-ZIP VΡ ☐ Delete TITLE TITLE ☐ Change ■ Addition AYALA, MARIA C NAME NAME STREET ADDRESS 1714 BEAR BAY COVE STREET ADDRESS ORLANDO, FL 32824 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME RUEDA, AMANDA NAME STREET ADDRESS 1714 BEAR BAY COVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered EDGAR AVALA SIGNATURE:

FILED

Daytime Phone #