2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _^

THE AND TYPES OR PRINTED SAME OF SIGNING OFFICER OR DIRECTOR

Aug 22, 2006 8:00 am Secretary of State DOCUMENT # P04000085593 1. Entity Name GERARDO AGUILAR, INC. 08-22-2006 90028 032 ***150.00 Principal Place of Business Mailing Address 2026 ISLAND WALK DR 2026 ISLAND WALK DR ORLANDO; FL-32824.... US ORLANDO, FL 32824 US 50025869 2. Principal Place of Business 3. Mailing Address 1852 Wimbledon 07 1852 Wimbledon St. Suite, Apt. #, etc. Suite, Apt. #, etc. 06052006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-2210318 Not Applicable \$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 AGUILAR, GÉRARDO Street Address (P.O. Box Number, is Not Acceptable) 2026 ISLAND WALK DR ORLANDO, FL 32824 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 Fiorida. 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) DATE 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 Trust Fund Contribution Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change : AGUILAR, GERARDO NAME NAME 1852 Wimbledon St. STREET ADDRESS 2026 ISLAND WALK DR STREET ADDRESS ORLANDO, FL 32824 CITY-ST-ZIP CITY-ST-ZIP Kissimmee, FL 34743 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP__ TITLE Delete 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 changed, or on an attachment with an address, with all other like empowered.

Gerardo Aguillar 8-17-06

FILED