## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT FILED** Jul 13, 2006 08:00 AM DOCUMENT # P04000095052 1. Entity Name **Secretary of State** ADVANCED FRAMING SPECIALITIES, INC. Principal Place of Business Mailing Address 265 WALTON WAY 265 WALTON WAY MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550 CR2E034 (11/05) 07102006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1294448 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILICHICH, JOHN DO NOT WRITE 265 WALTON WAY MIRAMAR BEACH, FL 32550 IN THIS SPACE 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) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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 PD TITLE MILICHICH, JOHN G NAME 265 WALTON WAY STREET ADDRESS CITY-ST-ZIP MIRAMAR BEACH, FL 32550 000000570073 07/13/06-80017-014 158.75 STD TITLE SHAY, MARY A NAME STREET ADDRESS 265 WALTON WAY MIRAMAR BEACH, FL 32550 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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.

SIGNATURE:

网络海拉尔森 医抗流体炎

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

> May a shay, Director 7-11-06