2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 17, 2006 08:00 AM Secretary of State **DOCUMENT # P04000123141** HAYNES ACCESSORIES & MORE CORP. Malling Address Principal Place of Business 9980 NW 44 CT 9980 NW 44 CT SUNRISE, FL 33351 US SUNRISE, FL 33351 US 03142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1546075 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HAYNES, BYRON DO NOT WRITE 9980 NW 44 CT SUNRISE, FL 33351 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 accopt the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TILE HAYNES, ANA C NAME STREET ADDRESS 9980 NW 44 CT SUNRISE, FL 33351 CITY-ST-ZIP 000000472197 93/29/**06 00027-003 150.00** TILLE HAYNES, BYRON NAME STREET ADDRESS 9980 NW 44 CT SUNRISE, FL 33351 CITY-ST-ZP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IITLE IN THIS SPACE ANAME. STREET ADDRESS CITY-ST-ZIP TITLE PAMI STREET ADDRESS CITY-ST ZIP

12. I heroby 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 charged, or on an attactingent with an address, with all the empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZO

THE AND THE DIS PRINTED HAME OF SIGNING OFFICER OR DIRECTOR