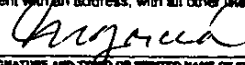


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

5/23/

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

05-23-2006 90013 008 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                            |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>DOCUMENT # P04000148315</b><br>1. Entity Name<br><b>GARGONZ, CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                           |                                                        |
| Principal Place of Business<br><b>918 CANDLE BERRY ROAD<br/>ORLANDO, FL 32825</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     | Mailing Address<br><b>918 CANDLE BERRY ROAD<br/>ORLANDO, FL 32825</b>                                                      |                                                        |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                          |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     | 05182008 No Chg-P CR2E034 (11/05)                                                                                          |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     | 4. FEI Number<br><b>20-1814370</b>                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                            |                                                        |
| 6. Name and Address of Current Registered Agent<br><br><b>GARCIA, ANGEL<br/>918 CANDLE BERRY ROAD<br/>ORLANDO, FL 32825</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     | <b>DO NOT WRITE IN THIS SPACE</b>                                                                                          |                                                        |
| 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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                                                                            |                                                        |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |                                                        |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     | <b>DO NOT WRITE IN THIS SPACE</b>                                                                                          |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P<br>GARCIA, ANGEL<br>918 CANDLE BERRY ROAD<br>ORLANDO, FL 32825    |                                                                                                                            |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VP<br>GONZALEZ, MARIA<br>918 CANDLE BERRY ROAD<br>ORLANDO, FL 32825 |                                                                                                                            |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                                                                            |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                                                                            |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                                                                            |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | Date: <b>6/21/06</b>                                                                                                       |                                                        |