2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 08:00 AM Secretary of State DOCUMENT # P04000154041 APPLIANCE DOCTOR OF LEE COUNTY, INC. Mailing Address Principal Place of Business 1979 CORAL POINT DR P.O. BOX 100191 CAPE CORAL, FL 33990 115 CAPE CORAL, FL 33910 US CR2E034 (11/05) 04182006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1856407 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERITAGE TAX & CONSULTING SERVICES INC. DO NOT WRITE 11220 METRO PARKWAY SUITE 3 IN THIS SPACE FORT MYERS, FL 33912 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 at 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ROUGHEAD, DONALD STREET ADDRESS 1979 CORAL POINT DR CITY-ST-ZIP CAPE CORAL, FL 33990 U00000529436 05/05/06-80075-019 150.00 TITCE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED