2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 17, 2006 8:00 am Secretary of State

772.501:0077

| DOCUMENT # P04000157084 1. Entity Name GARETH ADNETT, INC. | | | | | 08-17-2006 90002 032 ***150.00 | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------|-------------------------------|-----------------------------------------------------------------|------------------------------------|---------------------------------------------------|-------------------|--|
| Principal Place of Business 8867 SW 9TH STREET BOCA RATON, FL 33433 Mailing Address 8867 SW 9TH STREET BOCA RATON, FL 33433 | | | • | | | | | |
| 2. Principal Place of Business 5802 5WMisHe toe Lx 5802 5WMistle toeLx Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | | |
| City & State C | | City & State | رد ۸ | 08022006 4. FEI Numb | Chg-P | CR2E034 (11/05) | plied For | |
| Pain | City FC | PALM City | Country | 20-189 | | No | t Applicable | |
| 349 | 34990 34990 | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name | | | | | | | | |
| ADNETT, GARETH 8867 SW 9TH STREET BOCA RATON, FL 33433 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| City O | | | | | | ₽ ■ Zip Code | 9.00 | |
| 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 X GOTOL Advant 8-1-06 | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Fin Trust Fund Contribution | | | | \$5.00 May Be Added to Fees | In accordance v corporation did | vith s. 607.193(2)(b), not receive the prior r | F.S., the notice. | |
| 10 | OFFICERS AND DI | RECTORS | 11. | ADDITIONS | I /CHANGES TO OFF | ICERS AND DIRECTORS | S IN 11 | |
| TITLE NAME | D ADNETT, GARETH | ☐ Delete | TITLE NAME | | | Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | 8867 SW 9TH STREET BOCA RATON, FL 33433 | | STREET ADDRESS City-St-Zip | 5802 S. | w. Mist | lefoe (AN | D 16 | |
| TITLE NAME | D ADNETT, GARETH | ☐ Delete | TITLE NAME | 7 7 47 7 7 | | Change | ☐ Addition | |
| STREET ADDRESS | 8867 SW 9TH STREET | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | | 434716 | . 4 | Change | Addition | |
| NAME | | ☐ Delete | TITLE NAME | | | ☐ Change | Addition | |
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| TITLE | | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | | NAME 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. | | | | | | | | |