## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2006 8:00 am Secretary of State

AIIII OILI						Secretary of State			
DOCUMENT # P05000008586  1. Entity Name ARMITAGE WOODWORKING MACHINERY INC.							0029 010 ***150		
Principal Plac	e of Business	Mailing Address			T				
375 SALVADOR DRIVE PUNTA GORDA, FL 33983		375 SALVADOR DRIVE Punta Gorda, FL 33983		•					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092006	Chg-P	CR2E034 (11/05)			
City & State		City & State		4, FEI Number	741275	} <del> </del>	plied For ot Applicable		
Zip	Country	Zip	Count	try	<u> </u>	of Status Desired	See Require		
	t Registered Agent	Alama		7. Name and	Address of New Re	gistered Agent			
SPIEGEL & UTRERA, P.A.				Name					
1840 SW 2 4TH FLOC	22ND ST.			Street Address	s (P.O. Box Numbe	r is Not Acceptable)			
MIAMI, FL	33145								
				City			FL Zip Cod	е	
	named entity submits this statement lions of registered agent.	for the purpose of changing its	registere	ed office or regis	tered agent, or both	n, in the State of Flor	ida. I am familiar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	d Agent signature requi	ired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campai Trust Fund Cont	-	· — •	5.00 May Be dded to Fees				
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11	
TITLE	PVST	☐ Delete TiTL		:			Change	Addition	
NAME	ARMITAGE, JAMES D		NAME						
STREET ADDRESS CITY-ST-ZIP				et address -st-zip					
				·			Change	Addition	
TITLE NAME			TITLE				Crange	Nontrook	
STREET ADDRESS	· ·			ÉT ADDRESS					
CITY-ST-ZIP			CITY-	-ST-ZIP					
TITLE	☐ Delete TI		TITLE				Change.	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRESS - ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME	l l					
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP		СПУ		-ST-ZIP					
TITLE		☐ Delete TITL		l l			Change	☐ Addition	
NAME CIDEET ADDRESS			NAME						
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS - ST - ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME		00.00	NAME	l l					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				- ST - ZIP					
12. I hereby of indicated	certify that the information supplied wi lon this report or supplemental report	th this filing does not qualify for is true and accurate and that r	or the exe my signat	emptions contain ture shall have th	ned in Chapter 119 ne same legal effect	, Florida Statutes. I t t as if made under o	further certify that the i ath; that I am an officer	nformation or director	

Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Fluttine 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 afformation indicated on this report is 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 afformation indicated on this report is required by Chapter 607, Florida Statutes.

SIGNATURE:

ATURE AND TYPED OR BRINTIND NAME OF SIGNING OFFICER OR DIRECTOR

B-16-06

Daytime Phone #