


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-17-2006 90396 010 ***150.00

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| DOCUMENT # P05000016253 |  |
| 1. Entity Name SLYDER'S, INC. | |

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| Principal Place of Business 446 HARBOR DR S INDIAN ROCKS BEACH, FL 33785 | Mailing Address 446 HARBOR DR S INDIAN ROCKS BEACH, FL 33785 |
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| 2. Principal Place of Business 7630 34th Ave N | 3. Mailing Address 7630 34th Ave N |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State St Petersburg, Fl | City & State St Petersburg, FL |
| Zip 33710-1133 | Country Pinellas |
| Zip 33710-1133 | Country Pinellas |

04072006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-2207259 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WELLS, DANNY W 446 HARBOR DR. S INDIAN ROCKS BEACH, FL 33785 | |
| 7. Name and Address of New Registered Agent Name Jason C Palanio Street Address (P.O. Box Number is Not Acceptable) 7630 34th Ave N City St Petersburg, FL Zip Code 33710-1133 | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WELLS, DANNY W 446 HARBOR DR S INDIAN ROCKS BEACH, FL 33785 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Jason C Palanio 7630 34th Ave N St Petersburg, FL 33710-1133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Jason C Palanio, President **4-10-06 1-509-280-3395**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #