2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050007

Name: Address:

City-St-Zip:

1652 NW 9TH AVENUE

HOMESTEAD, FL 33030

FILED May 02, 2006 Secretary of State

Entity Name: SQUID ROW INTERNATIONAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 81901 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 **Current Mailing Address: New Mailing Address:** 81901 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 FEI Number: 20-2612298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARLEY, CYNTHIA L 81901 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete () Change () Addition RUVALCABA, JESUS Name: Name: 173 NORMANDY DRIVE Address: Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: Title: Title: () Change () Addition () Delete CARLEY, CYNTHIA L Name: Name: 140 TAVERN DRIVE Address: Address: TAVERNIER, FL 33070 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition PASITCHNITCHENKO, SERGEI V Name: PASITCHNITCHENKO, SERGEI V Name: 140 TAVERN DRIVE 140 TAVERN DRIVE Address: Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: TAVERNIER, FL 33070 Title: (X) Delete Title: () Change () Addition CASTANEDA, JUAN L

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CYNTHIA L. CARLEY **CFO** 05/02/2006