2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

(VICE President)

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P05000051983 1. Entity Name 04-24-2006 90457 029 ***150.00 TREMBLAY INTERIORS INC. Principal Place of Business Mailing Address 8825 CORTEZ RD. 8825 CORTEZ RD. SEBRING FL 33876 SEBRING FL 33876 2. Principal Place of Business 3. Mailing Address 1182 Lonnie Clark Rd 182 Lonnie Clarked Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For Quincy <u> 20-2699733</u> Quincy, FI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32351 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Iremblay **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE FL 32301-2960 Zip Code **3235**7 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TILLE ☐ Addition Tremblay , Eeic NAME TREMBLAY, ERIC NAME 1182 Lonnie Clark Rd. STREET ADDRESS 8825 CORTEZ RD. STREET ADDRESS CITY-ST-ZIP SEBRING FL 33876 CITY-ST-ZIP Quincy Ft. 32351 TITLE Delete TITLE Channe ☐ Addition Trembley, Susan TREMBLAY, SUSAN NAME STREET ADDRESS 8825 CORTEZ RD. STREET ADDRESS 1182 Lonnie Clark ed. CITY-ST-ZIP SEBRING FL 33876 CITY - ST- ZIP Ovincy FL 32351 THE ☐ Delete TELLE Change ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Horriber 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

USAN Tremblay

FILED