2007 FOR PROFIT CORPORATION

FILED Jan 11, 2007 08:00 AN ANNUAL REPORT **Secretary of State** DOCUMENT # P05000078551 1. Entity Name ADMIRAL STOFFT ENTERPRISES, INC. Principal Place of Business Mailing Address 42 N SWINTON AVE STE #1 42 N SWINTON AVE STE #1 DELRAY BCH, FL 33444-2632 DELRAY BCH, FL 33444-2632 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 20-2936234 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HRAWG CORP. DO NOT WRITE 1801 N MILTARY TR STE 200 BOCA RATON, FL 33431 IN THIS SPACE 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THE UU0000582397 STOFFT, RANDALL E MAME 01/11/07-80030-004 [50.00 STREET ADDRESS 42 N SWINTON AVE CATY-ST-ZIP DELRAY BEACH, FL 33444 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TELE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE MAME STREET ADDRESS COTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP