

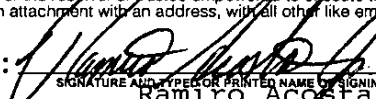


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90051 007 ***150.00

DOCUMENT # P05000083069 1. Entity Name C & A APPLIANCES, INC.																													
Principal Place of Business 629 CHARLESSIZE ST. EAST LEHIGH ACRES, FL 33936			Mailing Address 629 CHARLESSIZE ST. EAST LEHIGH ACRES, FL 33936																										
2. Principal Place of Business 1480 Pine Island Rd Suite, Apt. #, etc.		3. Mailing Address 1480 Pine Island Rd Suite, Apt. #, etc.																											
City & State Cape Coral, FL 33909		City & State Cape Coral, FL 33909		4. FEI Number 20-2977189																									
Zip 33909		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ACOSTA, RAMIRO 629 CHARLESSIZE ST. EAST LEHIGH ACRES, FL 33936				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1480 Pine Island Rd City Cape Coral FL Zip Code 33909																									
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:  (NOTE: Registered Agent signature required when reinstating) DATE:																													
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																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PTSD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ACOSTA, RAMIRO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>629 CHARLESSIZE ST. EAST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LEHIGH ACRES, FL 33936</td> <td></td> </tr> </table>			TITLE	PTSD	<input type="checkbox"/> Delete	NAME	ACOSTA, RAMIRO		STREET ADDRESS	629 CHARLESSIZE ST. EAST		CITY - ST - ZIP	LEHIGH ACRES, FL 33936		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">1480 Pine Island Rd.</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Cape Coral, FL 33909</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	1480 Pine Island Rd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Cape Coral, FL 33909		STREET ADDRESS			CITY - ST - ZIP		
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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:  Ramiro Acosta Date: 2/15/06 Daytime Phone #																													