Apr. 7. 2006 2:45PM SUSGP

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Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90381 036 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000085054

1. Entity Name
ARCHIVES OF HISTORY, INC.

ADDRESS CHANGE

Principal Place of Business	Mailing Address
1656 ARABIAN LANE PALM HARBOR, FL 34685 10126 SORENSTAM DR TRINITY FL 34655	1656 ARABIAN LANE PALM HARBOR, FL 34685

04072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
10126 SORENSTAM DRIVE Suite, Apt. #, etc.	10126 SORENSTAM DR Suite, Apt #, etc.
City & State: TRINITY FLORIDA	City & State: TRINITY, FLORIDA
Zip: 34655 Country: USA	Zip: 34655 Country: USA

4. FEI Number 83-0433669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENNESSY, CATHERINE 1656 ARABIAN LANE PALM HARBOR, FL 34685 10126 SORENSTAM DR TRINITY, FL 34655	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HENNESSY, CATHERINE ~~1656 ARABIAN LANE~~ 10126 SORENSTAM DR ~~PALM HARBOR, FL 34685~~ TRINITY, FL 34655	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NICHOLAS J. CAROLIDES 10126 SORENSTAM DRIVE TRINITY, FL 34655	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Catherine J. Hennessy 4/19/06 727-579-8054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #