Apr. 7. 2006 2:45PM SUSGP

**FILED**
**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<br>PALM HARBOR, FL 34685 | ~~1656 ARABIAN LANE~~<br>~~PALM HARBOR, FL 34685~~<br>10126 SORENSTAM DR<br>TRINITY FL 34655 |

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

04072006 Chg-P CR2E034 (11/05)

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<br>~~1656 ARABIAN LANE~~<br>~~PALM HARBOR, FL 34685~~<br>10126 SORENSTAM DR<br>TRINITY, FL 34655 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

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

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