

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125504

FILED  
Feb 15, 2006  
Secretary of State

Entity Name: BLACK RIBBON, INC.

## Current Principal Place of Business:

912 20TH PLACE  
VERO BEACH, FL 32960 US

## New Principal Place of Business:

126 43RD AVENUE  
VERO BEACH, FL 32968 US

## Current Mailing Address:

912 20TH PLACE  
VERO BEACH, FL 32960 US

## New Mailing Address:

126 43RD AVENUE  
VERO BEACH, FL 32968 US

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

STODDARD, NICHOLAS  
912 20TH PLACE  
VERO BEACH, FL 32960 US

## Name and Address of New Registered Agent:

STODDARD, NICHOLAS  
126 43RD AVENUE  
VERO BEACH, FL 32968 US

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.

SIGNATURE: \_\_\_\_\_ 02/15/2006  
Electronic Signature of Registered Agent                      Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: STODDARD, NICHOLAS  
Address: 912 20TH PLACE  
City-St-Zip: VERO BEACH, FL 32960 US

Title: SEC ( ) Delete  
Name: STODDARD, TRICIA  
Address: 912 20TH PLACE  
City-St-Zip: VERO BEACH, FL 32960 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: STODDARD, NICHOLAS  
Address: 126 43RD AVENUE  
City-St-Zip: VERO BEACH, FL 32968 US

Title: SEC (X) Change ( ) Addition  
Name: STODDARD, TRICIA  
Address: 126 43RD AVENUE  
City-St-Zip: VERO BEACH, FL 32968 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS STODDARD                      PD                      02/15/2006  
Electronic Signature of Signing Officer or Director                      Date