## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED **DOCUMENT # P05000140959** 06 APR 13 AM 10: 51 GUY'S STUFF, INC. TALL YOU GET THE STATE Principal Place of Business Mailing Address 4140 WOODMERE PARK BLVD 4140 WOODMERE PARK BLVD SUITE 4 SUITE 4 VENICE, FL 34293 VENICE, FL 34293 Mailing Address 2. Principal Place of Business 4130 Woodmore Park blrd 4130 woodmore Parkblud Suite, Apt. #, etc 04042006 CR2E034 (11/05) Chg-P Swite City & State 4. FEI Number Applied For FL *Uenice* 90-0251602 Not Applicable Country \$8.75 Additional П Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLENBORG, CHRISTINA M 4140 WOODMERE PARK BLVD SUITE 4 D. Box Number is Not Acceptable) VENICE, FL 34293 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 pegistered agent. SIGNATURE! ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DIR TITLE Delete TITI F ☐ Change ☐ Addition SCHACHT, RICHARD A NAME NAME 200072289902 4140 WOODMERE PARK BLVD SUITE 4 STREET ADDRESS STREET ADDRESS 04/27/06--01017--019 \*\*61.25 CITY-ST-ZIP VENICE, FL 34293 CITY-ST-7IP DIR Change Addition TITLE ☐ Delete TITLE WILLENBORG, CHRISTINA N NAME NAME 4130 woodmore PARK Blud Ste. 9 STREET ADDRESS 4140 WOODMERE PARK BLVD SUITE 4 STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 offer like empowered. Qut. 9414924099 SIGNATURE: 4

Amended