2006 FOR PROFIT CORPORATION _ ANNUAL REPORT (AR)

May 02, 2006 8:00 am Secretary of State **DOCUMENT # P05000161225** 03-08-2006 90185 026 ***150.00 1. Entity Name AUDI'S HOME DELIVERY, INC. Principal Place of Business Mailing Address AAAYAIAA 3791 LAUREN OAKS LANE E. JACKSONVILLE FL 32221 3791 LAUREN OAKS LANE E. JACKSONVILLE FL 32221 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, AUDRA Street Address (P.O. Box Number is Not Acceptable) 3791 LAUREN OAKS LANE E. JACKSONVILLE FL 32221 City 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 (NOTE: Registereri Agent signatum insuared when synstaling) FILE NOW!!! FEE'IS \$150.00 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE POST TITLE ☐ Delete ☐ Change ☐ Addition MILLER, AUDRA NAME NAME STREET ADDRESS 3791 LAUREN OAKS LANE E. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32221 CITY-ST-ZIP TITLE TITLE ☐ Defete ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE INLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS C11Y-S1-Z1P CITY-ST-ZIP Delete TIBLE TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE C Celete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-21P Oelete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the examptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplied entail 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 for 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR