


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90022 015 ***150.00

DOCUMENT # P93000011112		
1. Entity Name MIRACLE MIKE, SNAP-ON TOOLS DEALER, INC.		

Principal Place of Business 4020 TENITA DRIVE WINTER PARK FL 32792	Mailing Address 4020 TENITA DRIVE WINTER PARK FL 32792
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2. Principal Place of Business 100 S. EOLA DRIVE Suite, Apt. #, etc. UNIT 713 City & State ORLANDO FL Zip 32801 Country	3. Mailing Address 100 S. EOLA DRIVE Suite, Apt. #, etc. UNIT 713 City & State ORLANDO FL Zip 32801 Country
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1st MOORE CR2E034 (10/05)

4. FEI Number 59-3178141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUATTRY, MICHAEL D 4020 TENITA DRIVE WINTER PARK FL 32792	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 S. EOLA DRIVE UNIT 713 City ORLANDO FL Zip Code 32801	

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: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	ST QUATTRY, HOLLIS H 4020 TENITA DRIVE WINTER PARK FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100 S. EOLA DR #713 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUATTRY, MICHAEL D 4020 TENITA DRIVE WINTER PARK FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100 S. EOLA DR #713 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Hollis Quattry 3/1/06 407 648-2025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #