2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # P93000054968 Entity Name DISCOUNT FIREWORKS, INC. Principal Place of Business Mailing Address 7405 SW 127TH STREET MIAMI FL 33156 7405 SW 127TH STREET MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0431950 Not Applicat Ζip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WINKLER, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 7405 S.W. 127TH STREET 14TH FLOOR **MIAMI FL 33156** 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 access the obligations of registered agent. SIGNATURE Signature, typed or portice name of registered agent end title if applicable (NOTE Registered Agent signature required when renatating) FILE NOW!!! FEE IS \$150,00 .9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete THE ☐ Change ☐ Addition NAME WINKLER, WILLIAM A NAME STREET ADDRESS 7405 SW 127TH STREET STREET ADDRESS *H000000503892* CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ™/26/06-800\$Û TITLE Delete TITLE WINKLER, JUNE STREET ADDRESS 7405 S.W. 127TH ST. STREET ADDRESS C)7Y-57-7IF MIAMI FL CITY-ST-28 Stelet ☐ Change THE ASSET RITLE TILLE WINKLER, WILLIAM NAME STREET ADDRESS STREET ADDRESS 7405 SW 127 ST CITY-ST-ZIP CHY-ST-ZIP MIAMI FL TITLE ☐ Delete Change Actes: MAME MANAG STREET ADURESS STREET ADDRESS CITY-SI-ZIP 011Y-51-ZIP Delete TITLE Addition TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7171 E ☐ Delete TITLE Change ■ Mac^m: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this fiting 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 fike empowered.

SIGNATURE:

Mine O Winkley

Jane O. Winkler

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