2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 20, 2006 08:00 AN DOCUMENT # P93000056996 1. Entity Name **Secretary of State** CIRCUITS & BUMPS, INC. Principal Place of Business Mailing Address 4815 MANATEE AVE W BRADENTON FL 34209 4815 MANATEE AVE W **BRADENTON FL 34209** 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 4. FEi Number 65-0429598 Not Applicat Zip Country Zip 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 HOLT, SHERI R Street Address (P.O. Box Number is Not Acceptable) 4815 MANATEE AVE W **BRADENTON FL 34209** 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 access the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May (After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE T Delete TITLE ☐ Change ☐ Addit <u>UQOQQO441895</u> NAME HOLT, SHERI R NAME 03/03/06-80053-023 150.00 STREET ADDRESS 9640 44TH AVE WEST STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34210 CHY-St-ZP TITLE ☐ Delete TIME ☐ Change Air" NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP Delete TITLE IIIL And " NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Add™ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete IIILE ☐ Change ☐ Ac NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIILE ☐ Change □ Additi STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.