2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 08:00 AN Secretary of State DOCUMENT # P93000071991 ANOLE SYSTEMS, INC. Principal Place of Business Mailing Address **4250 DEERWOOD TRAIL 4250 DEERWOOD TRAIL** MELBOURNE, FL 32934-8474 MELBOURNE, FL 32934-8474 04162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3214786 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be \Box After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KNOX, THOMAS M STREET ADDRESS 4250 DEERWOOD TRAIL U00000519078 CITY-ST-ZIP MELBOURNE, FL 32934 05/02/06-80038-023 150.00 ST NAME CREECH, CHO CHA STREET ADDRESS 4250 DEERWOOD TRAIL MELBOURNE, FL 32934 CITY-ST-7IP MLE NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP RILE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 other like empowered.

SIGNATURE: Thomas Knox 17 April 2006 321-494-5089

SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Date

Description Proper 8