2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000083496 **Secretary of State** 02-09-2006 90039 039 ***150.00 ONE STOP HOME APPLIANCE CENTER, INC. Principal Place of Business Mailing Address 2745 TAMIAMI TRAIL 2745 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 2. Principal Place of Business 3. Mailing Address 24690 Sandhill Blva 24690 andhill Suite, Apt. #, etc. Suite, Apt. #, etc. # 602 02062006 Chg-P CR2E034 (11/05) #602 City & State City & State 4. FEI Number Applied For 'unta 65-0458119 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUCK, ROBERT Street Address (P.O. Box Number is Not Acceptable), 24690 Sandhill Blvd - Suit 2745 TAMIAMI TRAIL #1002 PORT CHARLOTTE, FL 33952 Gorda 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change □ Addition Tuck, Robert TUCK, ROBERT NAME NAME 24690 Sandhill Blud. Suite#602 STREET ADDRESS 2745 TAMIAMI, TRAIL STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL CITY-ST-ZIP Punta Borda, FL 33983 TITLE Delete TITLE Change ☐ Addition Tuck, Juanita 246,90 Sandhill Blud. - Suite#602 TUCK, JUANITA NAME NAME STREET ADDRESS 2745 TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP PORT CHARLOTT, FL CITY-ST-71P Punta Gorda, FL 33983 TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete [7] Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appowered.

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Feb 09, 2006 8:00 am