* 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # P94000055797 1. Entity Name PAGE SALES & CONSULTING INC. Principal Place of Business Mailing Address 274 EDINBURGH LN 274 EDINBURGH LN **ORANGE PARK FL 32073 ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number ·{Applied For 59-3254654 Not Applicable Ζįρ Country Zip 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 PAGE, BOYCE T Street Address (P.O. Box Number is Not Acceptable) 274 EDINBURGH LN ORANGE PARK FL 32073 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and hite if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete WLE ☐ Change Addition NAME PAGE, BOYCE T NAME STREET ADDRESS 274 EDINBURGH LN STREET ADDRESS CITY-ST-ZIF **ORANGE PARK FL 32073** C07Y-ST-702 TITLE ☐ Delete 7172 F ☐ Change ☐ Addition NAME MANSE U00000493540 04/20/06-80012-005 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ance atgist? TITLE ☐ Change ■ Anothion NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 77TLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 7371 5 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- ZIP CITY-ST-ZIP 12. I hereby ceruly 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.

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