## FILED 2006 FOR PROFIT CORPORATION **ANNUAL REPORT** May 02, 2006 08:00 Al Secretary of State DOCUMENT # P95000068338 1. Entity Name BOYD RETAIL CORP. Principal Place of Business Mailing Address 7586 WEST SAND LAKE RD 7586 WEST SAND LAKE RD ORLANDO, FL 32819 US ORLANDO, FL 32819 US 04172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3343233 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOYD, SCOTT T DO NOT WRITE 7586 W. SAND LAKE RD ORLANDO, FL 32819 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 rematating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD THLE BOYD, SCOTT T NAME STREET ADDRESS 7586 W. SAND LAKE ROAD City-St-ZiP ORLANDO, FL 32819 TITLE NAME UQ00000558392 STREET ADDRESS 05/17/06-80093-005 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHTY - ST - ZIP THE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 apport is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee employed 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 additional managed.

SIGNATURE:

NAME STREET ADDRESS

ME OF SIGNING OFFICER OF DIRECTOR

cott. T. Boud President 4/26/06

4 26 06 401 352-5858