2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P95000083005 1 Entity Name FOLZAR, INC. Principal Place of Business Mailing Address 3717 DUMBARTON RD. 3717 DUMBARTON RD. ATLANTA, GA 30327 ATLANTA, GA 30327 No Chg-P CR2E034 (11/05) 04042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3343522 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FOLEY, WARREN W DO NOT WRITE 8804 71ST AVE EAST PALMETTO, FL 34221 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. DATE (NOTE Registered Agent stanature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FOLEY, DANIEL J NAME STREET ADDRESS 3717 DUMBARTON RD. U000000437281 04/22/06-80048-009 150.dk ATLANTA, GA 30327 CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE ETTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-St-ZiP T)7LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the Information supplied with this filing 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.

OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 19

FILED