2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 23, 2006 08:00 AM Secretary of State DOCUMENT # P95000087371 Emily Name AVLA, INC. Principal Place of Business Mailing Address 13014 N DALE MABRY HWY 13014 N DALE MABRY HWY SUITE 356 SUITE 356 TAMPA, FL 33618 TAMPA, FL 33618 CR2E034 (11/05) 03142006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Reguired 6. Name and Address of Current Registered Agent RAPPAPORT, A.G. DO NOT WRITE 13014 N. DALE MABRY HIGHWAY SUITE 356 IN THIS SPACE TAMPA, FL 33618 3. 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature Typed or profess name of registered agent and title diacolicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Ba FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees U00000478887 /08/05-80022-023 ISO.**0**0 10. OFFICERS AND DIRECTORS DEST ane RAPPAPORT, A G NAME 13014 N DALE MABRY HWY, SUITE 356 STREET ACTURESS City - St - ZiP TAMPA, FL 33618 TITLE NAME STREET ADDRESS CHY-SI-ZIP DIN NAME SUBERI ADDRESS DO NOT WRITE CITY-ST-ZIP 500.5 IN THIS SPACE SUBSECTION OF STATE Chry S1-ZIP fifte STREET AGAINSS CITY-ST-ZIP 1001

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 507, 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:

NAME STREET ADDRESS CITY ST-ZIP

A. G. RAHABOUT

3-20-06

FILED

813-269-0899