2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P9600003336 1. Entity Name 01-12-2006 90167 040 ***150.00 GARY PFEIFFER, INC. Principal Place of Business Mailing Address 13514 GALENA PLACE 13514 GALENA PLACE 40000911 TAMPA, FL 33626 TAMPA, FL 33626 2. Principal Place of Business 3. Mailing Address 2733 Lake Valley Suite, Apt. #, etc. 2733 Lake Valley Suite, Apt. #, etc. 01092006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For wesley Chare 59-3353697 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen GAR PFETFER PFEIFFER, GARY Street Address (P.O. Box Number is Not Acceptable) 13514 GALENA PLACE **TAMPA, FL 33626** 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. Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee'will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PFEIFFER, GARY NAME MAAF STREET ADDRESS 13514 GALENA PLACE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33626 CITY-ST-7IP TITLE □ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete IIII F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete IIILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. SIGNATURE: OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 12, 2006 8:00 am