2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # P96000029175 04-18-2006 90090 020 ***150.00 1. Entity Name ALL AMERICAN FLAG & PENNANT, INC. Principal Place of Business Mailing Address 5391 PARK BLVD PINELLAS PARK FL 33781 5391 PARK BLVD PINELLAS PARK FL 33781 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 59-3368952 Not Applicable Country 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 Name CLOUD, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 5391 PARK BLVD PINELLAS PARK FL 33781 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Chance OnitibbA NAME CLOUD, JEFFREY A NAME STREET ADDRESS 6120 94TH AVE NORTH STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33782 CITY-ST-ZIP TITE F Delete TITLE ☐ Change ☐ Addition NAME DEMOTTS, JEFF NAME STREET ADDRESS STREET ADDRESS 11841 104 LN. N. CITY-ST-ZIP LARGO FL 33773 CITY-ST-ZIP THLE ☐ Delete TITLE Change - Addition French NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pinellas Park, FL 33781 TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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. FF Clivel 04/05/06

NAME OF SIGN

SIGNATURE:

12. Thereby certify 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