## 2007 FOR PROFIT CORPORATION

## FILED Mar 09, 2007 08:00 A **ANNUAL REPORT** Secretary of State DOCUMENT # P96000063072 MAJOR APPLIANCE CENTER, INC. Principal Place of Business Mailing Address 651 INDIANTOWN RD 651 INDIANTOWN RD JUPITER, FL 33458 US JUPITER, FL 33458 US 03012007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 65-0690398 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WORSLEY, SCOTT G DO NOT WRITE 19048 S.E. BRYANT DRIVE JUPITER, FL 33469 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. SIGNATURÉ (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE WORSLEY, SCOTT G NAME STREET ADDRESS 19048 S.E. BRYANT DRIVE CITY-ST-ZIP JUPITER, FL 33469 TITLE U00000660651 NAME 03/20/07-80009-006 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-Z'P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ... NAME STREET ADDRESS

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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver by 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:

SIGNATURE AND TYPE LOR PRINTED NAME OF SIGNING OFFICER OR STRECTOR

CITY-SI-ZIP