2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005679

Entity Name: POP'S ATTIC INC.

FILED Jan 03, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1980 W 10 MILE RD CANTONMENT, FL 32533

Current Mailing Address: New Mailing Address:

1980 W 10 MILE RD CANTONMENT, FL 32533

FEI Number: 59-3431984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, ALLISON
1870 WEST 10 MILE RD
CANTONMENT, FL 32533 US

NELSON, ALLISON
1870 WEST 10 MILE RD
CANTONMENT, FL 32533 US

CANTONMENT, FL 32533 US

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.

SIGNATURE: ALLISON NELSON 01/03/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition Name: JOHNSON, ALLISON Name: NELSON, ALLISON Address: 1870 WEST 10 MILE RD Address: 1870 WEST 10 MILE RD

Address: 1870 WEST 10 MILE RD Address: 1870 WEST 10 MILE RD City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533

Title: VP () Delete Title: VP (X) Change () Addition
Name: JOHNSON, ALLISON Name: NELSON, ALLISON
Address: 1870 MEST 10 MU E RD

Address: 1870 WEST 10 MILE RD Address: 1870 WEST 10 MILE RD City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533

Title: SEC () Delete Title: SEC (X) Change () Addition Name: JOHNSON, ALLISON Name: NELSON, ALLISON

Address: 1870 WEST 10 MILE RD Address: 1870 WEST 10 MILE RD City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533

Title: TREA () Delete Title: TREA (X) Change () Addition

Name:JOHNSON, ALLÍSONName:NELSON, ALLÍSONAddress:1870 WEST 10 MILE RDAddress:1870 WEST 10 MILE RDCity-St-Zip:CANTONMENT, FL 32533City-St-Zip:CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON NELSON PRES 01/03/2006