2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 10, 2006 8:00 am Secretary of State **DOCUMENT # P97000007802** 04-10-2006 90327 007 ***150.00 1. Entity Name ARMITAGE, INC. Principal Place of Business Mailing Address THE MOLE HOLE THE MOLE HOLE 20027170 314 JOHN RINGLING BLVD 314 JOHN RINGLING BLVD SARASOTA, FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0721768 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARMITAGE, GLYNN L.H. Street Address (P.O. Box Number is Not Acceptable) 1416 WESTBROOK DRIVE SARASOTA, FL 34231-3549 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 title if applicable DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PT ☐ Change Addition RRE ☐ Delete DRE ARMITAGE, JUDITH M NAME NAME STREET ADDRESS 314 JOHN RINGLING BLVD STREET ADDRESS CMY-ST-7IP SARASOTA, FL 34236 CITY-ST-7IP VS TITLE ☐ Detete TITLE ☐ Change Addition ARMITAGE, GLYNN L H NAME NAME STREET ADDRESS 314 JOHN RINGLING BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7/2 Addition TITLE ☐ Delete ☐ Change TITLE 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. 941-321-3236

Judith M. Armitage 4/4/06

FILED

941-388-3236

941-922-4994