

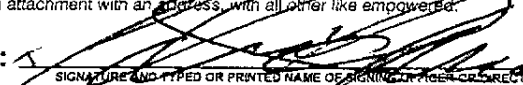


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000091147</b> 1. Entity Name <b>ASTRO BOY HI PERFORMANCE SALES &amp; SERVICES, INC.</b>				
Principal Place of Business <b>18765 EAST COLONIAL DRIVE                  ORLANDO, FL 32820</b>	Mailing Address <b>18765 EAST COLONIAL DRIVE                  ORLANDO, FL 32820</b>			
<b>DO NOT WRITE IN THIS SPACE</b>				
 01092006 No Chg-P CR2E034 (11/05)				
4. FEI Number <b>59-3478098</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Applied For</td> <td style="width: 50%;"><input type="checkbox"/> Not Applicable</td> </tr> </table>	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent  <b>ARCE, EDWIN E                  2208 ARCHER BLVD                  ORLANDO, FL 32833</b>		<b>DO NOT WRITE                  IN THIS SPACE</b>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				
<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	100000391004 01/24/06-80023-013 150.00		
<b>10. OFFICERS AND DIRECTORS</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>ARCE, EDWIN E                  2208 ARCHER BLVD                  ORLANDO, FL 32833</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <b>ARCE, CAROL                  2208 ARCHER BLVD                  ORLANDO, FL 32833</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE                  IN THIS SPACE</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS 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 empowers.				
SIGNATURE:  <b>Edwin E. ARCE</b> 1/14/06 407-765-7964 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>				