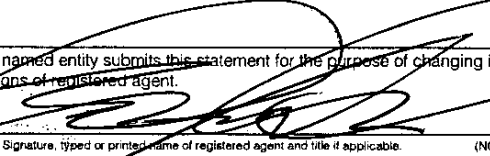
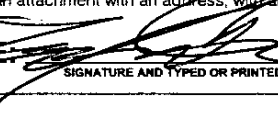


2006 FOR PROFIT CORPORATION ANNUAL REPORT

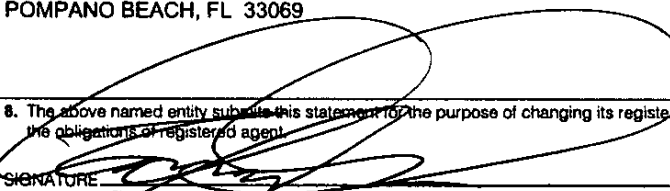
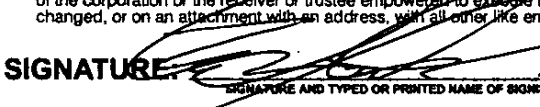
FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90159 011 ***158.75

DOCUMENT # P98000010031 1. Entity Name BEND-MASTER, INC.					
Principal Place of Business 1461 SOUTHWEST 12TH AVENUE SUITE D POMPANO BEACH, FL 33069			Mailing Address 1461 SOUTHWEST 12TH AVENUE SUITE D POMPANO BEACH, FL 33069		
2. Principal Place of Business 3000-15 NW 25th Ave Pompano, FL 33069		3. Mailing Address 3000-15 NW 25th Ave Pompano, FL 33069			
Suite, Apt. #, etc. Pompano, FL		Suite, Apt. #, etc. Pompano, FL		01162006 Chg-P CR2E034 (11/05)	
City & State 33069		City & State 33069		4. FEI Number 65-0809316	
Zip 33069		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent APPLEGATE, EDWARD 1461 SW 12 AVE # D POMPANO BEACH, FL 33069			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.  (NOTE: Registered Agent's signature required when reinstating) 4/15/06 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD APPLEGATE, EDWARD 1461 SW 12 AVE # D POMPANO BEACH, FL 33069	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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.					
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/15/06 Date		954-675-8046 Daytime Phone #	

ATTACHMENT

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000010031 1. Entity Name BEND-MASTER, INC.			
Principal Place of Business 1461 SOUTHWEST 12TH AVENUE SUITE D POMPANO BEACH, FL 33069		Mailing Address 1461 SOUTHWEST 12TH AVENUE SUITE D POMPANO BEACH, FL 33069	
DO NOT WRITE IN THIS SPACE		40065064 01162006 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0809316		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent APPLEGATE, EDWARD 1461 SW 12 AVE # D POMPANO BEACH, FL 33069		DO NOT WRITE 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.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) 4/15/06 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD APPLEGATE, EDWARD 1461 SW 12 AVE # D POMPANO BEACH, FL 33069		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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.			
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/15/06 Date 954-675-8046 Daytime Phone #	