2006 FOR PROFIT CORPORATION

FILED \mathbf{A}

ANNUAL REPORT					Mar 01, 2006 08:00			
1. Entity Name	MENT # P9800002330 REDDIES, INC.)1			Se	cretary	of Stat	
Principal Place 805 KNOLLW NAPLES, FL	VOOD COURT	Aailing Address 805 KNOLLWOOD COURT NAPLES, FL 34108		t tunktimui et		. aniis iiran iiian iiiii	FB(B) B B\$ 4 6	
D	O NOT WRITE I	N THIS SPA	CE	02242006 4. FEI Numb 59-349	-	CR2E034 (11		
	6. Name and Address of Current Regi	stered Agent					343100	
NAPLES, I	LWOOD COURT FL 34108 named entity submits this statement for the lions of registered agent.	purpose of changing its registe	ored office or regi	IN [*]	NOT W THIS SP	ACE	r with, and accept	
JIGINATORIE -	Signature, typed or printed name of registered agent and till	le if applicable (NOTE Registe	red Agent signature req	uired when reinstating)		1453142		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campalgn Fina Trust Fund Contribution		5.00 May Be Added to Fees	03/14/06-	80008-006	3 150 . 90	
TITLE NAME	OFFICERS AND DIRI	ECTORS		·	<u> </u>			
STREET ADDRESS CITY-ST-ZIP	805 KNOLLWOOD COURT NAPLES, FL 34108	· · · · · · · · · · · · · · · · · · ·						
TITLE NAME STREET ADDRESS								
CITY-ST-ZIP TITLE			-			-		
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE				IN	THIS SF	PACE		

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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR