200 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 08:00 AN Secretary of State DOCUMENT # P98000023672 ASHÉVILLE CORP. Principal Place of Business Mailing Address 13922 58TH STREET NORTH 13922 58TH STREET NORTH CLEARWATER, FL 33760 CLEARWATER, FL 33760 CR2E034 (11/05) 04102006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3503458 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEYER, DAVID A DO NOT WRITE C/O RUDNICK & WOLFE 101 EAST KENNEDY BLVD SUITE 2000 IN THIS SPACE TAMPA, FL 33602 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE U00000512430 /29/06-80090-003 150.00 RUTENBERG, ARTHUR NAME STREET ADDRESS 13922 58TH STREET NORTH CLEARWATER, FL 33760 CITY+ST-ZIP TITLE RUTENBERG, ARTHUR NAME STREET ADDRESS 13922 58TH STREET NORTH City-St-ZIP CLEARWATER, FL 33760 THEE BURTON, JOANNE MAIME STREET ADDRESS 13922 58TH STREET NORTH DO NOT WRITE CLEARWATER, FL 33760 CITY-ST-ZIP IN THIS SPACE TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-702 TITLE STREET ADDRESS

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 of 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 attack with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-536-5900

Dayome Phone #