2006 FOR PROFIT CORPORATION

FILED

AMNUAL REPORT			Jan 25, 2006 08:00 AM
DOCUMENT # P9900008671 1. Entity Name CORPORATE APPLIANCE REPAIR, INC.	-		Secretary of State
9950 NW 23 ST.	leiling Address 1950 NW 23 ST. CORAL SPRINGS, FL 33065		I CREINEET NOW INCOMENSANT RESULT REINT REINT REINT REINTS SEINER SIENTS SERIERS (SENT SERIERS ALTER)
DO NOT WRITE II		CE	01212006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-0957445 Not Applicable 5. Certificate of Status Desired □ \$3.75 Additional Fee Required
6. Name and Address of Current Regis ARMSTRONG, NOEL 9950 NW 23 ST. CORAL SPRINGS, FL 33065	sterea Agent	-	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 felnatating) OATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.			
After May 1, 2006 Fee will be \$550.00	Trust Fund Contribution.		ded to rees
10. OFFICERS AND DIRE TITLE PD NAME ARMSTRONG, NOEL STREET ADDRESS 9950 NW 23 ST. CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTORS		U00000400222 02/01/06-80043-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	

12. I hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR