

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S14590

Entity Name: SLEDMASTER, INC.

FILED  
Mar 20, 2006  
Secretary of State

## Current Principal Place of Business:

4428 DUNCAN RD  
PUNTA GORDA, FL 33982 US

## New Principal Place of Business:

33481 SERENE DR.  
PUNTA GORDA, FL 33982 US

## Current Mailing Address:

4428 DUNCAN RD.  
PUNTA GORDA, FL 32822 US

## New Mailing Address:

33481 SERENE DR.  
PUNTA GORDA, FL 33982 US

FEI Number: 59-3032892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAYS, NICHOLAS P.  
4428 DUNCAN RD.  
PUNTA GORDA, FL 33982 US

## Name and Address of New Registered Agent:

MAYS, NICHOLAS P.  
33481 SERENE DR.  
PUNTA GORDA, FL 33982 US

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.

SIGNATURE:

03/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MAYS, NICHOLAS P.,  
Address: 4428 DUNCAN RD.  
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: STD ( ) Delete  
Name: DEAN, RITA K.,  
Address: 6418 HORSESHOE BEND  
City-St-Zip: ORLANDO, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MAYS, NICHOLAS P.,  
Address: 33481 SERENE DR.  
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: STD (X) Change ( ) Addition  
Name: JACQUELINE MAYS,  
Address: 33481 SERENE DR.  
City-St-Zip: PUNTA GORDA, FL 33982 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS P MAYS

PD

03/20/2006

Electronic Signature of Signing Officer or Director

Date