2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2006 08:00 AM DOCUMENT # S37434 **Secretary of State** THOMAS KOVACH SERVICES INC. Mailing Address Principal Place of Business 15849 REDINGTON DRIVE **15849 REDINGTON DRIVE** REDINGTON BEACH, FL 33708 REDINGTON BEACH, FL 33708 CR2E034 (11/05) 04262006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3055080 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KOVACH, THOMAS DO NOT WRITE REDINGTON DRIVE REDINGTON BEACH, FL 33708 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. DATE (NOTE: Registered Agent signature required when reinstating) U00000559774 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 05/18/06-80015-008 150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10, OFFICERS AND DIRECTORS TITLE **KOVACH THOMAS** NAME 15849 REDINGTON DRIVE STREET ADDRESS CITY-ST-ZIP REDINGTON BEACH, FL 33708 ST TITLE KOVACH CONNIE L NAME STREET ADDRESS 15849 REDINGTON DRIVE REDINGTON BEACH, FL 33708 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-st-zip TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE HAME STREET ADDRESS

THOMAS KUVAGE 4-30-06 409-8348

FILED