2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 01, 2006 08:00 AN Secretary of State **DOCUMENT # S38172** 1. Entity Name ALL APPLIANCES OF PALM BEACH COUNTY, INC. Principal Place of Business Mailing Address PO BOX 530041 PO BOX 530041 LAKE PARK, FL 33403 LAKE PARK, FL 33403 03302006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0251108 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BOLDUC, GERVAISE PSD 5403 GLENDA ST. WEST PALM BEACH, FL 33417 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSD** TITLE BOLDUC, GERVAISE PSD NAME STREET ADDRESS 5403 GLENDA ST. City-St-ZiP WEST PALM BEACH, FL 33417 TITLE U00000553360 05/15/06-80048-012 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP IIIIF 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.

GERVAISE BOLDUC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

561-844-2596

Daytime Phone #