

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S50569

FILED  
Feb 21, 2006  
Secretary of State

Entity Name: ANCHOR AUDIO ACCESSORIES, INC.

## Current Principal Place of Business:

P.O. BOX 1629  
HOBE SOUND, FL 33475

## New Principal Place of Business:

P.O. BOX 727  
ALACHUA, FL 32616 US

## Current Mailing Address:

P.O. BOX 1629  
HOBE SOUND, FL 33475 US

## New Mailing Address:

P.O. BOX 727  
ALACHUA, FL 32616 US

FEI Number: 65-0255658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOVSEPIAN, GREGORY L  
5717 SE FOREST GLADE TRAIL  
P.O. BOX 1629  
HOBE SOUND, FL 33475 US

## Name and Address of New Registered Agent:

HOVSEPIAN, GREGORY L  
9756 NW 153RD TERRACE  
P.O. BOX 727  
ALACHUA, FL 32616 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: GREG HOVSEPIAN

02/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOVSEPIAN, GREGORY,  
Address: 5717 SE FOREST GLADE TR.  
City-St-Zip: HOBE SOUND, FL 33455

Title: VS ( ) Delete  
Name: MAYS, TIM,  
Address: 612 VIRGINA DR.  
City-St-Zip: PAMPLICO, SC 29583

Title: T ( ) Delete  
Name: HOVSEPIAN, GREGORY,  
Address: 5717 SE FOREST GLADE TR.  
City-St-Zip: HOBE SOUND, FL 33455

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HOVSEPIAN, GREGORY,  
Address: 9756 NW 153RD TERRACE.  
City-St-Zip: ALACHUA, FL 32615

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: HOVSEPIAN, GREGORY,  
Address: 9756 NW 153RD TERRACE  
City-St-Zip: ALACHUA, FL 32615

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: GREG HOVSEPIAN

PRES

02/21/2006

Electronic Signature of Signing Officer or Director

Date