2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2006 8:00 am Secretary of State

1. Entity Nan	MENT # V26951 TED INC.					01-20-2006	90027 007 ***1	50.00
Principal Place of Business Mailing Address 692 E. EAUGALLIE BLVD. 692 E. EAUGALLIE BLV INDIAN HARBOR BEACH, FL 32937 INDIAN HARBOR BEACH			2937					
2 Principal F	Place of Business	3. Mailing Address						
		G. Walling Padalods			OTT OTTING INITIAL BILLING IIINI	BIB&I B &I B B B B B B		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Number 59-31176	636		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of		S8.75 Ad	ditional
	6. Name and Address of Current	 Registered Agent	J	1	7. Name and A	ddress of New R	<u> </u>	
				Name				
YAMPOLSKY, KATHLEEN 692 E. EAUGALLIE BLVD. INDIAN HARBOR BEACH, FL 32937				Street Address (P.O. Box Number is Not Acceptable)				
				City		***	— 1 75 Co.	
				City	FL Zip Code			
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								
FILE NOWIL! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND		11.		ADDITIONS/CI	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE NAME	D VAMBOLSKY KATULSEN	☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS	YAMPOLSKY, KATHLEEN 4275 5TH PLACE		NAM STRE	ET ADDRESS				
CITY-ST-ZIP	VEOR BEACH, FL			-ST-ZIP				
TITLE	D	L Delete	TITLE	<u> </u>			☐ Change	☐ Addition
NAME	YAMPOLSKY, MICHAEL		NAM	·				
STREET ADDRESS CITY+ST-ZIP	4275 5TH PLACE VEOR BEACH, FL		E C185					
				ET ADDRESS				i
TITI F		☐ Delete	CITY	-ST-ZIP			Change	☐ Addition
TITLE NAME	D YAMPOLSKY, RONALD	☐ Delete		-ST-ZIP			☐ Change	☐ Addition
-	D	☐ Delete	CITY TITLE NAM	-ST-ZIP			☐ Change	☐ Addition
NAME	D YAMPOLSKY, RONALD	☐ Delete	CITY TITLE NAM STRE	-ST-ZIP			☐ Change	☐ Addition
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indicated on this report or supplied with its stilling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: Kathlen Jampolsky Kathleen Yampolsky
SIGNATURE AND TYPED OR PROVIDED NAME OF SIGNING OF THE OR DIRECTOR