2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 09, 2006 8:00 am **Secretary of State DOCUMENT #695718** 1. Entity Name 01-09-2006 90033 037 ***158.75 SELECTIVE INVESTMENT SERVICES, INC. Principal Place of Business Mailing Address 331 SW 74TH TERRACE 331 SW 74TH TERRACE 40900264 SUITE 100 SUITE 100 PLANTATION, FL 33317-3843 US PLANTATION, FL 33317-3843 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E034 (11/05) Cha-P Applied For City & State City & State 4. FEI Number 59-2365854 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDMONDSON, W FRANK III Street Address (P.O. Box Number is Not Acceptable) 331 SW 74TH TERRACE PLANTATION, FL 33317 Zip Code City 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 rainstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. ☐ Addition PΩ ☐ Change TITLE ☐ Delete TITLE EDMONDSON, W. FRANK III NAME NAME **331 SW 74TH TERR** STREET ADDRESS STREET ADDRESS PLANTATION, FL 333173843 CITY-ST-ZIP CITY-ST-7IP Change FERRERO, BETTY C. ■ Addition ☐ Delete TITLE TITLE 331 S.W. 74 TRARACE FERRERO, BETTY E NAME NAME 331 SW 74 TERRACE STREET ADDRESS STREET ADDRESS PLANTATION PL. 33312-3843 CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 333173843 Addition ☐ Delete TäTä F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP. TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing 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 an other like empowered.