2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED **DOCUMENT # 732728** May 01, 2006 08:00 AN Secretary of State 1. Entity Name LA DRONES, INC. Principal Place of Business Mailing Address 90-4TH STREET P.O. BOX 765 EAGLE LAKE FL 33839-0765 EAGLE LAKE FL 33839-0765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-6607251 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARDS, BLAIR Street Address (P.O. Box Number is Not Acceptable) 3002 AVE G, NW WINTER HAVEN FL 33880 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 lifte if applicable (NOTE: Registured Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete MILE Change Addition CARLISI, CHARLIE MALUE NAME 370 ECHO E. STREET ADDRESS STHEET ADDRESS U00000549963 LAKE ALFRED FL CITY - ST- ZIP CITY-ST ZIP 05/13/06-80043-003_61.25_ VTD TITLE Delete TITLE Change Addition RICHARDS, BLAIR NAME STREET ADDRESS 3002 AVENUE G NW STREET ADDRESS WINTER HAVEN FL CHY-ST-76P CITY ST-ZIP TITLE ☐ Defete HILE Change ☐ Addition NAME HILL, LLOYD W. STREET ADDRESS 621 AVENUE M SW STHEET ADDRESS WINTER HAVEN FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIRE ☐ Addition NAME TOWLE, GREG NAME STREET ADDRESS 940 8TH STREET NW STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition DAVIS, JAMES R. NAME NAME 101 MARJORIE AVE. STREET ADDRESS STREET ADDRESS AUBURNDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition SATTERFIELD, DEAN NAME NAME 330 LAKE SHORE WAY N STREET ADDRESS STREET ADDRESS LAKE ALFRED FL CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: Blan Richard BLAIR RichARds VTD April 25,2000 363-293760

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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 617. Florida Statutes, and that my name appears in Block 10 or Block 11