2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # H36420 05-01-2006 90334 042 ***150.00 DONNINI ENTERPRISES, INC. Principal Place of Business Mailing Address 44016400 9250-H HWY, ALT A-T-A -9250-H HWY: ALT-A-1-A LAKE PARK, FL 33403-LAKE PARK, FL 33403 2. Principal Place of Business 3. Mailing Address 3501 SW CORPORATE PKWY Suite. Apt. #, etc. 3501 SW CORPORATE PKWY Suite. Apt. #, etc. 04142006 Chg-P CR2E034 (11/05) Palm City 4. FEI Number Applied For 59-2614763 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONNINI, GERALD J. Street Address (P.O. Box Number is Not Acceptable) 3501 SW CORPORATE 9250-H HWY: ALT A-1-A LAKE-PARK-FL-33403-Zip Code 34990 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, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when contlating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE PD'-Delete TITLE Change NAME DONNINI, GERALD J. NAME 3501 SW CORPORATE PKWY PAIM City, FL 34990 STREET ADDRESS -0250-H HWY ALT ATA STREET ADDRESS CITY-ST-ZIP LAKE PARK, Pt CITY-ST-ZIP De ete DONNINI, JAMES T. NAME NAME 3501 SW Corporate Pkwy Palm City FL 34990 STREET ADDRESS 9250-H HWY ALT ATA STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL CITY - ST - ZIP TITLE DILE ☐ De ete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP ☐ Addition De ete TITLE ☐ Change KAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY ST ZIP Delete BTLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition De'ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 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 truffle 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 eddress, with all other like empowered. SIGNATURE: G OFFICER OR DIRECTOR

FILED

May 01, 2006 8:00 am

GERALD J. DONNINI