FILED 2006 FOR PROFIT CORPORATION **ANNUAL REPORT** Feb 20, 2006 08:00 AN Secretary of State DOCUMENT # K99327 PARK AVENUE DEVELOPERS, INC. Principal Place of Business Mailing Address %C. DAVID BROWN. II %C. DAVID BROWN, II 2200 PARK AVE. N. 2200 PARK AVE. N. WINTER PARK, FL 32789 WINTER PARK, FL 32789 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2982905 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCINTOSH, DONALD W., JR. DO NOT WRITE 2200 PARK AVENUE NORTH 4TH PLOOR IN THIS SPACE WINTER PARK, FL 32789 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 lamillar with, and accept the obligations of registered agent. SIGNATURE. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MCINTOSH, DONALD W. NAME 2200 PARK AVE. N. STREET ADDRESS WINTER PARK, FL CITY-ST-ZIP 111111111442184 TITLE 03/44/06 80009-006 150.00 TRUE, CHARLES H. NAME 2200 PARK AVE. N. STREET ADDRESS WINTER PARK, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. Thereby 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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-644-4068