2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # L98449** PLANNING TECHNOLOGY, INC. 01-25-2001 90150 034 ***158.75 Principal Place of Business Mailing Address 2685 ULMERTON RD. 2685 ULMERTON RD SUITE 102 STE 102 CLEARWATER FL 34622 CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address 2727 ULMERTON RN 2727 ULMERTON RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Su ite 310 SHITE City & State City & State 4, FEI Number Applied For 59-3026501 CLEARWATER CLEARW ATER Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3376 2 Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent , ROBERT ORI, ROBERT V. Street Address (P.O. Box Number is Not Acceptable) 2685 ULMERTON RD STE 102 CLEARWATER FL 33762 City LEARWATER Zip Code 76 Z 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change ROBERTS, JERRY E. NAME NAME STREET ADDRESS 714 GULF BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIAN ROCKS BCH FL TITLE ☐ Delete TITLE Robert V. Ori ORI, ROBERT V. NAME NAME 13596 Feather Soul Circle Wast Apt. 2105 STREET ADDRESS 5239 BAYWATER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Clearwater FL 33762 ☐ Addition ☐ Delete NAME~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 outrustee omnowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: _

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01 727-572-5586