2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 24, 2007 8:00 am Secretary of State 05-24-2007 90005 005 ***550.00 DOCUMENT # M81630 PETERSON, ZEI & MARTIN, P.A. Principal Place of Business Mailing Address 40118362 C/O WILLIAM ZEL C/O WILLIAM-ZEL 707 S.E. 3RD AVE. #500 707 S.E. 3RD AVE. #500 FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33316 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 0109200% Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 65-0047898 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent William M. Martin ZEI, WILLIAM 707 S.E 3RD AVE. Street Address (P.O. Box Number is Not Acceptable) #500 707 SE 3rd AVL #500 FT_XAUDERDALE, FL 33316 2ip Code 333316 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. William M. Martin SIGNATURE. Signature, typed or printed name of registered agent and ti 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DP Delete TITLE ☐ Addition TITLE ZEI, WILLIAM NAME NAME 707 S.E. 3RD AVE. #500 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE, FL 33316 DST Change ☐ Addition Defete TITLE TITLE Puterson Eric A. 101 SE 3th Are #500 PETERSON, ERIC A NAME NAME 707 SE 3RD AVE #500 STREET ADDRESS STREET ADORESS CITY-ST-ZIP Ft. Landerdale Fl. 33316 CITY-ST-ZIP FT. LAUDERDALE, FL 33316 ☐ Delete TITLE ☐ Change ☐ Addition MARTIN, WILLIAM M NAME NAME 707 SE 3RD AVE #500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33316 TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Channe Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

FILED