2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006
Secretary of State

DOCUMENT# N50230

Entity Name: DISTRICT FOUR, INC.

Current Principal Place of Business:

6401 SW 87 AVE
STE 204
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

6401 SW 87 AVE
STE 204
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0349921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARNEY, JERRY
6401 S.W. 87 AVE., SUITE 204
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: BECHMKE, MICHAEL
Address: 201 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: CHERNORF, JAY
Address: 2822 NE 187 ST
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: ROLASKE, EDWARD J
Address: 11010 SW 88ST, # 203
City-St-Zip: MIAMI, FL 33176

Title: DS ( ) Delete
Name: LEVINE, MAUREEN
Address: 700 S ROYAL POINCIANA BLVD # 800
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: AMEIJEIRAS, ISRAEL
Address: 3350 S.W. 148 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change ( ) Addition
Name: DAHNE, PATRICIA E
Address: 3121 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change ( ) Addition
Name: DIAZ, NORKA J
Address: 134 EAST 49 STREET
City-St-Zip: HIALEAH, FL 33013

Title: DS (X) Change ( ) Addition
Name: LEVINE, MAUREEN
Address: 700 S ROYAL POINCIANA BLVD # 400
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISRAEL V. AMEIJEIRAS VD 06/26/2006

Electronic Signature of Signing Officer or Director — Date