2003 FOR PROFIT CORPORATION

FILED May 15, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000071168 DOCUMENT # 05-15-2003 90114 008 ***150.00 1. Entity Name PEEL GRAPHICS & DESIGN, INC. Mailing Address Principal Place of Business 709 WESTWIND DRIVE 709 WESTWIND DRIVE NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 802 010 DIXIX 3. Mailing Addres Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 32-0021695 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS NETWORK, INC. D. Box Number is Not Acceptable) Street Address (F 941 FOURTH STREET #200 MIAMI BEACH FL 33139 សុន្តែstatement 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE President A dition ASHBERRY, CYNTHIA NAME NAME 709 WESTWIND DRIVE STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ŽIP CITY-ST-ZIP Addition TITLE Delete . TITLE hange NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 redeiver 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

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

Delete

☐ Change

☐ Addition

CR2E034 (10/02