2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address,

SIGNATURE: *

with all other like empowered.

Apr 26, 2006 8:00 am DOCUMENT # P02000075697 Secretary of State 04-26-2006 90190 003 ***150.00 DAVID R. CANNING, P.A. Principal Place of Business Mailing Address 9500 S DADELAND BLVD 9500 S DADELAND BLVD #710 MIAMI, FL 33156 MIAMI, FL 33156 3. Mailing Address 2. Principal Place of Business 1500 San Remo Ave 1500 San Remo Ave Suite, Apt. #, etc. Suite, Apt. #, etc 02232006 CR2E034 (11/05) Chg-P Applied For 4. FEI Number 02-0635452 Not Applicable Zip \$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 Cannino CANNING, DAVID R Street Address (P.O. Box Number is Not Acceptable) 9500 S DADELAND BLVD San Remo Ave #710 MIAMI, FL 33156 Zip Code 33144 8. The above named entity submits this statement for the office of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regis ered agent SIGNATURE_# of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** TITLE ☐ Delete TITLE Change ☐ Addition NAME CANNING, DAVID R 1500 san Remo Ave, Suite 235 STREET ADDRESS 9500 S DADELAND BLVD #710 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-7IP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

DAVIDR. CAMMING

FILED