2005 FOR PROFIT CORPORATION

SIGNATURE:

FILED Aug 01, 2005 8:00 am Secretary of State ANNUAL REPORT

06-27-2005 90001 001 ***150.00

DOCUMENT # P02000078058 08-01-2005 90027 007 ***400.00 HARVEY & ASSOCIATES PROPERTIES IN PARADISE, Principal Place of Business Mailing Address 50058944 7950 SUMMERLIN LAKES DR., SUITE 2 7950 SUMMERLIN LAKES DR., SUITE 2 FORT MYERS, FL 33907 FORT MYERS, FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06242005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 51-0431042 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARVEY, JEAN 11295 BIENVENIDA WAY #102 FORT MYERS, FL 33903 Zip Code 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. (NOTE, Registered Agent signature required when renstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition Harvey Jean H. 16341 Coco Hammock Way NAME HARVEY, JEAN H NAME STREET ADDRESS 9808 ENSIGN CT. STREET ADDRESS FORT MYERS, FL 33919 CITY-ST-ZP CDY-ST-ZP Odes TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI Delete TITLE TITLE Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-ZIP ☐ Delete TERE TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-51-21P Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE F TIN F Channe Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7P 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 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.

OFFICER OR DIRECTOR