2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State DOCUMENT # P02000103335 1. Entity Name 05-01-2006 90343 026 ***150.00 MARK DYER P.A. Principal Place of Business Mailing Address 2004 OTTERS POND ROAD 2004 OTTERS POND ROAD FRUITLAND PARK, FL 34731 FRUITLAND PARK, FL 34731 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 55-0795967 Not Applicable Zip Zip Country 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 Name DYER, MARK Street Address (P.O. Box Number is Not Acceptable) 2004 OTTERS POND ROAD FRUITLAND PARK, FL 34731 City 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. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete TITLE Change Addition DYER, MARK NAME NAME STREET ADDRESS 2004 OTTERS POND ROAD STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK, FL 34731 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition DYER, MICHELLE M NAME NAME 2004 OTTERS POND ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK, FL 34731 CITY-ST-7IP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 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 filing 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 a other like empowered.

SIGNATURE: _

4-27-06 352-516-8808
Date Daytime Prome *

FILED