2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 3

Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P02000106193** 1. Entity Name 04-25-2005 90311 039 ***150.00 KATHY E. HARRELL, P.A. Principal Place of Business Mailing Address 4600 S FEDERAL HIGHWAY SUITE 200 1600 S FEDERAL HIGHWAY SUITE 200 FORT PIERCE, FL 34950-5194 FORT PIERCE, FL 34950-5194 2. Principal Place of Business 3. Mailing Address 2100 S.E. OCEAN BLVD. 2100 S.E. OCEAN BLVD. Suite, Apt. #, etc. SUITE 205 Suite, Apt. #, etc. 04122005 Chg-P CR2E034 (10/03) SUITE 205 Applied For City & State City & State 4. FEI Number STUART, FLA. STUMET 56-2299904 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARRELL, DANIEL B Street Address (P.O. Box Number is Not Acceptable) 1600 S FEDERAL HICHWAY SUITE 200 FORT-PIERGE, FL 34950-5194 2100 S.E. OCEAN BLUD. SINTE 205 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete HARRELL, KATHY E NAME 2100 S.E. OCEAN BLVD., QUITE 205 STREET ADDRESS 1600 S FEDERAL HIGHWAY SUITE 208 STREET ADDRESS STUMPT, FLM. 3499.6 FORT PIERCE, FL. 340505104 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE RUSS, KAREN B NAME NAME 2100 S.E. OCEAN BLVD., SUTTE 205 4600 S. FEDERAL HWY, STE 200 STREET ADDRESS STREET ADDRESS STUMBT, FLA. 34996 CITY-ST-ZIP FORT PIERCE, FL. 34950 CITY-ST-ZIP TITLE ☐ Defete TITLE ----☐ Change — ☐ Addition — NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ 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-7IP CITY-ST-ZIP 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 trystee 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.

FILED