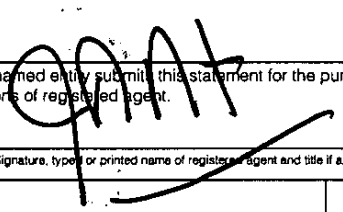
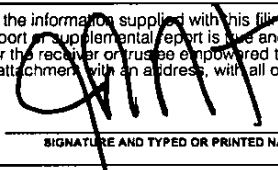


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90027 045 ***150.00

DOCUMENT # P04000011373 1. Entity Name NADC DARTMOUTH CROSSING, INC.					
Principal Place of Business ONE NORTH CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401			Mailing Address ONE NORTH CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0709852	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WIENER, DAVID J ESQ. ONE NORTH CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name John W.S. Preston Street Address (P.O. Box Number is Not Acceptable) One N. Clematis Street Suite 305 City West Palm Beach FL Zip Code 33401		
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  DATE 2/21/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PRESTON, JOHN W S ONE NORTH CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST GREEN, ROBERT S 2851 JOHN ST., STE. ONE MARKHAM, ON L3R5R7	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PRESTON, STEPHEN S.B. ONE N CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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 is 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.			SIGNATURE  DATE 2/21/06 Daytime Phone # 561-835-1810		