2007 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

5 DOCUMENT # P06000028161 05-09-2007 90131 001 ***300.00 1. Entity Name SEARS GROUP HOME, INC. Principal Place of Business Mailing Address 2051 AVENUE H EAST 2051 AVENUE H EAST RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FE! Number Applied For 651269 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 SEARS, ENGRIN 2051 AVENUE H EAST Street Address (P.O. Box Number is Not Acceptable) **RIVIERA BEACH FL 33404** 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, lysted or crinted name of registered agent and hite if applicable (NOTE: Registered Agent argustons required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MIE ☐ Dolote FIFLE ☐ Change SEARS, ENGRIN NAME NAME 2051 AVENUE H EAST STREET ADDRESS SIRFET ADDRESS RIVIERA BEACH FL 33404 CITY-ST-74P CITY SE-ZEP HILLE ☐ Defete IITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY - ST- //P HHE ☐ Delete HILL Change Addition MANE *15*** STREET ADDRESS SIRFET ADDRESS CITY-ST-ZIP CITY ST-78P MH Defete MIE ☐ Change ☐ Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 attacytight with an address, with all other like empowered.

NAME

HILE

MALE

11111

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - S1 - 71P

CITY-ST-ZIP

CITY - ST - ZIP

SIGNATURE:

NAME

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STREET ADDRESS

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CHY-ST-ZIP

UNE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

☐ Delete

Delete

5_

1/25/07 (56)841394

Change

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Jun 05, 2007 8:00 am Secretary of State