2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 🖔

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # P06000050845 04-18-2007 90187 024 ***150.00 BREAKWATER CONSULTING, INC. Mailing Address Principal Place of Business 4000 11420 U.S. HIGHWAY ONE 11420 U.S. HIGHWAY ONE SUITE 169 **SUITE 169** NORTH PALM BEACH, FL 33408 US NORTH PALM BEACH, FL 33408 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (12/06) 04052007 Cha-P 4 FEL Number Applied For City & State City & State Not Applicable 20-4724572 Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KELLEY, CRAIG I Street Address (P.O. Box Number is Not Acceptable) 1665 PALM BEACH LAKES BLVD. **SUITE 1000** WEST PALM BEACH, FL 33401 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, 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, 2007 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. ☐ Addition TITLE ☐ Delete TITLE Change BRENNER, VINCENT NAME NAME 11420 U.S. HIGHWAY ONE, SUITE 169 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition JOHANSON, GRAHAM NAME NAME STREET ADDRESS 640 GLEN IRIS DRIVE # 506 STREET ADDRESS ATLANTA, GA 30308 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change · ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 all other like empowered.

VINCENT BRENNER

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

561-951-5383