2008 FOR PROFIT CORPORATION

May 05, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P07000113589** 1. Entity Name 05-05-2008 90238 044 ***150.00 K. B. DAUB PA Principal Place of Business Mailing Address 650 E. STRAWBRIDGE AVE. #602 650 E. STRAWBRIDGE AVE. #602 MELBOURNE, FL 32901 MELBOURNE, FL 32901 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 650 6 370 mo hr Suite, Apt. #. etc. Suite, Apt. #, etc. 04302008 Cha-P CR2E034 (12/06) 4 6 0 City & State City & State Applied For 4. FEI Number Michigan Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAUB, JR., KENNETH B Street Address (P.O. Box Number is Not Acceptable) 650 E. STRAWBRIDGE AVE. #602 MELBOURNE, FL 32901 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, 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 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES TITLE Deiete TITLE ☐ Change ☐ Addition DAUB, JR., KENNETH B NAME NAME STREET ADDRESS 650 E. STRAWBRIDGE AVE. #602 STREET ADDRESS CiTY-ST-ZIP MELBOURNE, FL 32901 CITY-ST-ZIP TRES TITLE Detete TITLE ☐ Change ☐ Addition NAME DAUB, JR., KENNETH 8 650 E. STRAWBRIDGE AVE. #602 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901 CITY-ST-ZIP SECT TITLE Delete TITLE ☐ Change Addition DAUB, JR., KENNETH B NAME NAME STREET ADDRESS 650 E. STRAWBRIDGE AVE. #602 STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901 CITY-ST-ZIP DIR TITLE ☐ Delete TELF ☐ Channe ☐ Addition DAUB, JR., KENNETH B NAME 650 E. STRAWBRIDGE AVE. #602 STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32901 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TTLE ☐ Channe ☐ Addition 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 all other like empowered.

B- DAUP

KENNETH B. Z SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

FILED