2003 FOR PROFIT CORPORATION

FILED Apr 10, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P94000001807 DOCUMENT # 1. Entity Name 04-10-2003 90125 017 ***150.00 NEKO, INC. AMERICAN Principal Place of Business Mailing Address 3427 RECKER HIGHWAY 3427 RECKER HIGHWAY WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHĘCK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3236179 Not Applicable Zip Country Zip Country \$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 SIDWELL, GLEN Street Address (P.O. Box Number is Not Acceptable) 3427 RECKER HIGHWAY WINTER HAVEN FL 33880 Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE . TITLE ☐ Delete SIDWELL, GLEN NAME NAME 1584 N LAKE SHIPP DR STREET ADDRESS STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP TITLE VTD ☐ Delete TITLE Change ☐ Addition SIDWELL, MICHAEL NAME NAME

CITY-ST-ZIP STREET ADDRESS 3010 MISSION OAK TR STREET ADDRESS CITY-ST-ZIP BARTOW FL 33830 CITY-ST-ZIP TITLE TITLE Change Addition A VŊ . Delete SIDWELL, CONNIE NAME NAME STREET ADDRESS 3010 MISSION OAKS TR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 VSD Defete TITLE Change ☐ Addition TITLE SIDWELL, TARESSA NAME NAME 1584 N LAKE SHIPP DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME . 1 . 7. 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-7IP

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 regeiver or trustee empowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with

SIGNATURE: