2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2006 8:00 am Secretary of State DOCUMENT # P94000071955 04-26-2006 90172 005 ***150.00 1. Entity Name SUSAN ELIZABETH STOCKER CPA PA Principal Place of Business Mailing Address 40 OCEAN PALMETTO BUILDING OCEAN PALMETTO BUILDING 860 EAST PALMETTO PK RD BOCA RATON FL 33432-5106 860 EAST PALMETTO PK RD BOCA RATON FL 33432-5106 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0522801 Not Applicable Zip Country Zip 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 DANIEL BREDE LEONARD, WILLIAM F Street Address (P.O. Box Number is Not Acceptable) 1900-N-W. CCRPORATE BLYD 4875-N. FÉDERAL HIGHWAY 10TH FLOOR FT. LAUDERDALE FL 33308 SUITE 201 EAST BLDG City BOCA RATON 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 little if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. " OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STOCKER, SUSAN ELIZABET H NAME STREET ADDRESS 860 E. PALMETTO RD OCEAN PALM BG. STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-709 Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE Change Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME 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 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 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.

SIGNATURE

of. 13. 2006

FILED