## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 24, 2006 8:00 am **Secretary of State** DOCUMENT # P96000081883 1. Entity Name 03-24-2006 90034 003 \*\*\*158.75 PENINSULA INVESTMENTS, INC. Principal Place of Business Mailing Address C/O MILLER AND WERNER PA C/O MILLER AND WERNER PA P.O. BOX 266947 P.O. BOX 266947 WESTON FL 33326-6947 WESTON FL 33326 6947 2. Principal Place of Bushess Venice Cuice 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number 65-0702743 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Managenen MILLER, REBECCA M-ESQ %-MILLER & WEBNER, P.A. 2442 POINCIANA COURT-WESTON FL 33327 8. The above named exitity 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. Presiden 03-08-66 (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE Change NAME DUNKEL, KARL-HEINZ NAME 2442 POINCIANA COURT STREET ADDRESS STREET ADDRESS WESTON EL 22227 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE [7] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE Delete 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, with all other like empowered.

FILED