2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

FILED Mar 09, 2006 08:00 AM DOCUMENT # P96000098368 **Secretary of State** FRIEDLAND INVESTMENTS, INC. Principal Place of Business Malling Address 186 SPYGLASS LANE 1200 BRICKELL AVE JUPITER, FL 33477 STE 700 MIAMI, FL 33131 US 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite. Apt. #, etc. Chg-P CR2E034 (11/05) 01162006 Applied For City & State City & State 4. FEI Number 65-0723624 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Reculred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRIEDLAND, JACK M Street Address (P.O. Box Number is Not Acceptable) 186 SPYGLASS LANE JUPITER, FL 33477 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 Signature, typed or protect name of registered agent and the R applicable, (NOTE: Registered Agent algorithms required when remarking) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST] Change TITLE ☐ Delcte TITLE FRIEDLAND, JACK M NAME NAME £00000462145 186 SPYGLASS LANE STREET ADDRESS STREET ADDRESS 03/21/06-80023-019 150.00 CITY-ST-ZIP JUPITER, FL 33477 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE Delete πLE Change Addition 🗌 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change THE Addition 🗌 TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP 🗆 Deicte 🗌 Change TIT) F TITLE Addition 🗀 NAME NAME STREET ADDRESS STREET ACORESS CTTY-ST-ZIP CHY-ST-ZIP Addition 🗆 TITLE ☐ Delete THE ___ Change NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davimu Phone #