FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State DOCUMENT # P99000097621 1. Entity Name DECIDUOUS PLUS, INC. 05-27-2002 90355 023 ***158.75 Principal Place of Business Mailing Address 180 FLAGLER LN., UNIT 25 180 FLAGLER LN., UNIT 25 COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address 767 SOUTH PATRICK DRIVE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite 4. FEI Number Applied For 59-3609727 Not Applicable Country 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 NAGEL, CARL F JR. Street Address (P.O. Box Number is Not Acceptable) 180 FLAGLER LN., UNIT 25 COCOA BEACH FL 32931 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 SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVD** ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01) NAME NAGEL, CARL F JR. NAME \$767 S. PATRICK DRIVE SMITES STREET ADDRESS 180 FLAGLER LN., UNIT 25 STREET ADDRESS CITY-ST-7IP COCOA BEACH FL 32931 CITY-ST-ZIP FNOIAN HARBOUR BEACH FL 32937 TITLE STD ☐ Delete TITLE Change ☐ Addition NAME NAGEL, AMY L NAME STREET ADDRESS 180 FLAGLER LN., UNIT 25 1767 S. ATRICK DRIVE SUITED STREET ADDRESS CITY ST-ZIP-COCOA°BEACH?FL≈32931~ CITY-ST-ZIR-INDIAN HARBOUR BEACH FL 3292 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 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-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered

SIGNATURE: