FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

DOCUMENT #P98000105289 1. Entity Name AO Acres and a Mule, Inc.			05-27-2002 90440 010 ***150.00	
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 5244 Birdsong Cone	3. Mailing Address 5244 Dictions Cone			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		ĐO NOT WRITE IN THIS SPACE	
City & State Bokeelia FL	- Gity & State 130 Keelia Fu		4. FEI Number 65-0882042	Applied For Not Applicable
2ip 3392∠ Country U.S.A.		Country しら4	5. Certificate of Status Desired	8.75 Additional
		Name	7. Name and Address of Current Registered	
DO NOT WRITE		Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPA	5244	SZYY Birdsons lone		
	· · · · · · · · · · · · · · · · · · ·	City Boke	relia, FL	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. SIGNATURE Signature, typed or primage/same of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	on is eligible to satisfy its Intangible rement and elects to do so. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Arrended URP is \$81.26		10. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
11. OFFICERS AND DI		nite		
NAME STREET ADDRESS S		NAME STREET ADDRESS		CRZE034B (12/01)
TITLE DS Keelia, FL 33722		CITY-ST-ZIP		
AME Treet address		NAME STREET ADDRESS	_ I	
CITY-ST-ZIP		CITY-ST-ZIP		
NAME STREET ADDRESS		NAME STREET ADDRESS	and the second s	
CITY-ST-ZEP FINE		CITY-ST-ZIP	DO NOT WRITE	
NAME STREET ADDRESS		TITLE NAME	IN THIS SPACE	
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		TITLE NAME		
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		TITLE NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower attachment with an address, with all other like emporential.	ifiling does not qualify for the age and accurate and that my signed to execute this report as			
SIGNATURE: SIGNATURE AND TYPED ON PRIVILED WANTE OF BIGNING OFFICER OR DIRECTOR				