2006 FOR PROFIT CORPORATION

Feb 20, 2006 8:00 am Secretary of State ANNUAL REPORT 02-20-2006 90024 009 ***150 00 DOCUMENT # P02000102564 1. Entity Name FLORIDA BOY INTERTAINMENT INC. 60018492 Principal Place of Business Mailing Address 2300 OAKLAND PARK BLVD 6455 ARGYLE FOREST BLVD 202 819 JACKSONVILLE, FL 32244 FT. LAUDERDALE, US 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 32-3880391 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 SHAHEED: FURQUANN A Street Address (P.O. Box Number is Not Acceptable) 6455 ARGYLE FOREST BLVD JACKSONVILLE, FL 32244 Zip Code Fl 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 title if applicable (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PVST** TITLE Delete ☐ Change ☐ Addition TITLE SHAHERO, FURQUANN A NAME 6455 ARGYCE FOREST BLVD., 819 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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 certify 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED