2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 02, 2006 8:00 am Secretary of State DOCUMENT # P95000029954 05-02-2006 90219 009 ***150.00 DOONER MANAGEMENT, INC. Principal Place of Business Mailing Address 1010 FIFTH AVE S 1010 FIFTH AVE S SUITE 300 NAPLES FL 34102 SUITE 300 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0596482 Not Applicable Zio 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 Name DOONER, EUGENE C Street Address (P.O. Box Number is Not Acceptable) 1010 FIFTH AVE S SUITE 300 NAPLES FL 34102 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 prefied name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ... 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete ☐ Change ★☐ Addition President DOONER, EUGENE C. STREET ADDRESS 5386 SYCAMORE DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES-FL 34116 CITY-ST-ZIP TITLE ☐ Delete Change Addition DEVLIN, ROBERT E. STREET ADDRESS 6934 RAIN LILY COURT, #204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 THILE Delete TITLE ☐ Change ■ Addition NAME NAMI DOONER. JOAN E STREET ADDRESS STREET ADDRESS 6815 GLADYS STREET CITY-ST-ZIP OTTERROCK OR 97369 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition LEE, NANCY DOONER STREET ADDRESS 302 RIDGE DRIVE STREET ADDRESS NAPLES FL 34108 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change 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-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene C. Dooner

4/21/06

FILED