2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P05000015208 04-25-2007 90204 030 ***150.00 1. Entity Name DOMINATION STATION INCORPORATED Principal Place of Business Mailing Address 40081845 8421 ALISTER BLVD. 8421 ALISTER BLVD. PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1331 5, Killian Or. 1331 S. Killian Or. Unit-6 Suite, Apt. #, etc 04162007 Chg-P CR2E034 (12/06) Unit C Unit C City & State City & State 4. FEI Number Applied For Lake Park, FL Lake Park 4 20-2247560 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33403 33403 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Patrick James HOGAN, PATRICK JAMES JR Street Address (P.O. Box Number is Not Acceptable 17408 Sent; mental 8421 ALISTER BLVD. PALM BEACH GARDENS FL 33418 Zin Code 33458 Jup:ter 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Static of Florida. I am familiar with, and accept the obligations of registered agent SIGNATÚRE Signature, typed or print of registered agent and attle if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Patrick James Hogon Ir. 17408 Sentimental Journey Change . Addition HOGAN, PATRICK JAMES JR. NAME NAME 8421 ALISTER BLVD STREET ADDRESS STREET ADDRESS Jupiter, FL 33458 PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Ch Addition William C. Moore MOORE, WILLIAM C NAME NAME 17408 Sentimental Journey STREET ADDRESS 8421 ALISTER BLVD. STREET ADDRESS JUDITOR FL 33458 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP TITLE ☐ Defete TIT) F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change 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-ZiP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby 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 an address, with all other like empowered

Patrick J.

RE AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

305-401-9291