2006 FOR PROFIT CORPORATION

Apr 10, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # 156736** 04-10-2006 90312 010 ***150.00 1. Entity Name FRANK T. HURLEY ASSOCIATES, INC. Principal Place of Business Mailing Address 2506 PASS-A-GRILLE WAY 2506 PASS-A-GRILLE WAY 60024979 ST PETERSBURG BEACH, FL 33706 ST PETERSBURG BEACH, FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-0596660 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 Name HURLEY, FRANK T JR 2808 SUNSET WAY Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG BEACH, FL 33706 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HURLEY, FRANK T., JR. NAME NAME STREET ADDRESS 2808 SUNSET WAY STREET ADDRESS ST. PETE BEACH, FL CITY-ST-ZIP CITY-ST-ZIP TITLE VTD Vice President Delete TITLE Change ☐ Addition NAME HURLEY, J. KENNETH NAME STREET ADDRESS 2122 W. VINA DEL MAR STREET ADDRESS CITY-ST-ZIP ST. PETE, FL CITY-ST-ZIP Sean Hurley Dr -Secretary - Treasurer - Change TITLE NAME STREET ADDRESS st. Pete Boach, Fl 33706 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 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 like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ICER OR DIRECTOR

april 5, 2006 727-367/949

FILED