2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State 02-26-2007 90067 018 ***150.00 **DOCUMENT #369967** STEAMATIC OF CENTRAL FLORIDA, INC. 40024305 Principal Place of Business Mailing Address 2716 FORSYTH RD 2716 FORSYTH RD 101 WINTER PARK, FL 32792 WINTER PARK, FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. #. etc. Suite, Apt. # etc. 01112007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1303309 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SULLIVAN, KIMBERLEY Street Address (P.O. Box Number is Not Acceptable) 2716 FORSYTH RD STE 101 WINTER PARK, FL 32792 City Zip Code FL 8. The above named the obligations of r 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CPD TITLE ☐ Delete TITLE ☐ Change Addition SULLIVAN, JERRY F NAME NAME STREET ADDRESS 2716 FORSYTH RD STE 101 STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP Change VDST TITLE ☐ Delete TITLE Addition KIMBERLEY SULLIVAN SULLIVAN-TOOD, KIMBERLEY NAME NAME STREET ADDRESS 2716 FORSYTH RD STE 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WINTER PARK, FL 32792 ☐ Change Addition TITLE ☐ Delete TITLE NAME SULLIVAN, JERRY F. NAME 2716 FORSYTH RD STE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TIT1 F MGR NAME SULLIVAN, PATRICK NAME 2716 FORSYTH RD STE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied with all report is the 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 facety of or trusted 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.

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 26, 2007 8:00 am