2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

Mar 23, 2007 8:00 am Secretary of State **DOCUMENT # 534910** 1. Entity Name 03-23-2007 90019 019 ***150.00 ESLER AND LINDIE, P.A. Principal Place of Business Mailing Address 315 SE 7TH STREET 315 SE 7TH STREET SUITE 300 FT. LAUDERDALE FL 33301 SUITE 300 FT. LAUDERDALE FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 59-1732732 Not Applicable Zip Country Country Zio \$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 Beth C. Lindie ESLER, GARY A. Street Address (P.O. Box Number is Not Acceptable) 315 SE 7TH STRET, SUITE 300 FT. LAUDERDALE FL 33301 315 SE 7th Street, Suite 300 Zip Code Ft. Lauderdale 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 (NOTE: Registered Agent signature required when reinstating) p. 2. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 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. 11. Delete IIII Change Addition THE ESLER, GARY A. NAMI NAME 315 SE 7TH ST #300 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CDY ST- ZIP CHY SLZIP THE Delete Change ■ Addition LINDIE, BETH G NAMI 315 S.E. 7TH ST. #300 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CHY-S1-ZIP CHY-S1-ZIP Dalete mi ☐ Changle — ☐ Addition 1101 NAM NAMI STREET ADDRESS SIDELI ADDRESS CHY-SL AP CHY S1-7IP ☐ Delete Change ☐ Addition NAME NAM STRLE LADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete 1001 ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP IIII£ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, 1 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 eath; 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

FILED

954.764-5400