FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jun 06, 2001 8:00 am Secretary of State DOCUMENT # 638315 PALM HOUSE GROUP, INC. 06-06-2001 90008 046 ***150.00 Principal Place of Business Mailing Address 2600 TEMPLE DRIVE 2600 TEMPLE DRIVE WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Flace of Business Mailing Address 801 Via Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & Stati City & State 59-1950507 Not Applicable Inter \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nan e COOK; DAVID Street Address (P.O. Box Number is Not Acceptable) ---801-VIA-LUGANO ---WINTER PARK FL 32789 Zip Code City 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. SIGNATURE (NO : Reg stered Agent ε gnature required when reinstating) DATE FILE:NOW !! FEE IS-\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2: 01 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Paya le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) PD _ Delete TITLE TITLE COOK, DAVID NAME SMAN STREET ADDRESS -801 VIA LUĜANO STREET ADDRESS Winter Park, FL 32789 CITY-ST-ZIP CITY-ST-ZIP WINTER, PK-☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete THLE NAME NAME STREET ADDR: SS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that of the corrupation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all paper like empowered.

fc the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28 2001 407.62