FILED · 2000 UNIFORM BUSINESS REPORT (UBR) Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # 643516** HABITAT HOLDINGS, INC. 01-19-2000 90037 001 ***450.00 Principal Place of Business Mailing Address 8005 17 AVE. W. = 17 AVE. W. 204254TO4 FL 34209-4810 BRADENTON FL 34209-4810 MAR 70 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2057804 Not Applicable Zio Country \$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 Name BAKKER, HARRY Street Address (P.O. Box Number is Not Acceptable) 8005 17 AVE W. **BRADENTON FL 34209** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Change ☐ Delete TITLE BAKKER, HARRY NAME NAME 8005 17 AVE. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL** ☐ Delete ☐ Change Addition TIFLE TITLE ABBENBROEK, COR NAME NAME STREET ADDRESS STREET ADDRESS 2204-39TH AVE NE -CITY-ST-ZIP CITY: ST: ZIP.~ CALGARY ALBERTA CANA ===== □ Сhange ☐ Addition ☐ Delete TITLE VANDERBRINK, JAKE NAME NAME STREET ADDRESS STREET ADDRESS 2204-39TH AVE NE CITY-ST-ZIP CITY-ST-ZIP CALGARY ALBERTA CANA ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if chapted or on an attachment with an address with an address with a property of the proper

SIGNATURE:

COME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/nloc

Daytime Phone #