2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #680132 02-13-2006 90002 017 ***150.00 1. Entity Name BOBBY'S BRASS RAIL, INC. Principal Place of Business Mailing Address CONTAROA C/O ROBERT W MCCARTHY C/O ROBERT W MCCARTHY 3450 OCEAN DRIVE 3450 OCEAN DRIVE VERO BEACH, FL 32963 VERO BEACH, FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 59-2143348 Not Applicable Zip Zip Country 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 MCCARTHY, ROBERT W. Street Address (P.O. Box Number is Not Acceptable) 1441 S. OCEAN DR. VERO BCH, FL 32963 City 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 pame 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 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition MCCARTHY, ROBERT W. NAME NAME 1441 S. OCEAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP VERO BEACH, FL CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change LYNCH, RICHARD NAME 603 N INDIAN RIVER DR SUITE 300 STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP FORT PIERCE, FL CITY - ST - ZIP Delete TITLE TITLE Change ☐ Addition KAZEN, JOE NAME NAME STREET ADDRESS STREET ADDRESS 2830 LAUREL DR. VERO BEACH, FL CITY, ST. 7P CITY - ST- ZIP ☐ Detete TITLE ☐ Chance ☐ Addition RILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7/P TITLE ☐ Delete THLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplemental report is Irue and accurate and mayny 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 impowered 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 2906 SIGNATURE:

FILED Feb 13, 2006 8:00 am