2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT #684917** 04-27-2007 90186 031 ***150.00 RAFFIELDS OF PANAMA CITY, INC. 40000 4~ -Mailing Address Principal Place of Business 701 EAST PINE FOREST DRIVE 701 EAST PINE FOREST DRIVE C/O MICHAEL T. RAFFIELD C/O MICHAEL T. RAFFIELD LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03262007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2039765 Not Applicable Zip Country \$8.75 Additional Country Zıρ 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAFFIELD, MICHAEL T. Street Address (P.O. Box Number is Not Acceptable) 701 E. PINE FOREST DRIVE LYNN HAVEN, FL. 32444 Zip Code 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 grated hains 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 Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE Delete TITLE RAFFIELD, MICHAEL T. NAME NAME 701 E. PINE FOREST DR STREET ADDRESS STREET ADDRESS LYNN HAVEN, FL CITY ST ZIP CITY ST ZIP ST Change TITLE ☐ Addition TITLE Delete RAFFIELD, TERRI L. NAME NAME 701 E PINE FOREST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LYNN HAVEN, FL 32444 CHY-ST-7/P ☐ Delete Change Addition THIE TITLE NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST ZIP CITY - ST - ZIP ☐ Change Defete TITLE Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP ☐ Change ☐ Addition TIME TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS

FILED

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY ST ZIP

CITY ST ZIP

MICHAELT, RAFFIELD 4.24-07