FILED Feb 07, 2006 8:00 am Secretary of State

Daytime Phone &

2006	TON	'-FOR-F	PROF	IT CC)RPO	RATIO	DN
		ANNU	AL R	EPOF	?T		

SIGNATURE:

DOCUMENT # 744536 02-07-2006 90027 031 ****61.25 1. Entity Name IN THE PINES, INC. Principal Place of Business Mailing Address 16101 HALF MILE RD 16101 HALF MILE RD BLDG. G OFFICE A **BLDG. G OFFICE** DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446 2. Principal Place di Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chq-NP CR2E037 (11/05) City & State 4. FEI Number 59-1862904 City & State Applied For Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESPINOZA, MARY 16101 HALF MILE RD Street Address (P.O. Box Number **BLDG. G OFFICE** DELRAY BEACH, FL 33446 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) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. m IIILE **D**Detete Change ME Treasurer Elayne Russell 16101 Half Hile Road G-Office TORRES, HANK NAME NAME STREET ADDRESS 16101 HALF MILE RD, BLDG G STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 334465 CITY-ST-ZIP Delray Beach, FL 33446 TITLE VD. Delete TITLE SD Change X Addition Patricia Maguire 16101 Half Mile Road G-Office Delray Beach, FL 33446 BURELSON, JUDY NAME NAME STREET ADDRESS 2975 SW WATERFALL TR STREET ADDRESS CITY-ST-ZIP PALM CITY, FL CT1Y - ST - 7EP PD TITLE ☐ Detete TITLE ☐ Change ☐ Addition GORAY, GERALD A PRES. NAME NAME STREET ADDRESS 16101 HALF MILE RD., BLDG. G OFFICE STREET ADDRESS CITY-ST-ZP DELRAY BEACH, FL 33446 CITY-ST-ZIP me ☐ Delete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-70 CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 789 CITY.ST. 789 TITLE Delete TITLE ☐ Change Addition NAME 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 true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directo of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered. G. A. GORA DRC3 22*29*

NG OFFICER OR DIRECTOR