2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 03, 2006 8:00 am Secretary of State **DOCUMENT #745262** DOWNTOWNER SOUTH, INC. 05-03-2006 90207 021 ****61.25 Principal Place of Business Mailing Address 500 FIRST AVENUE SOUTH 500 FIRST AVENUE SOUTH P 0 BOX 290 P O BOX 290 LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 3. Mailing Address PO Box 290 2. Principal Place of Business Suite, Apt. #, etc. 04182006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number Applied For 59-2374561 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent PEDROSO, AL 500 FIRST AVE S # 204 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH, FL 33460 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ST ☐ Delete TITLE Change ☐ Addition MILLER, DONALD NAME NAME 500 FIRST AVE. S. # 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP PD ☐ Delete ☐ Addition NAME PEDROSO, AL NAME STREET ADDRESS 500 FIRST AVE S # 203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH, FL 33460 VD TITLE ☐ Delete TITLE ☐ Channe Addition PAULSON, RITA NAME NAME 500 FIRST AVE S. #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP TTLE ☐ Delete TITLE ☐ Addition NAME OLSON, GEORGE NAME 500 1ST AVE S #102 STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33460 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete MLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 director 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 if changed, or on an attachment with an address, with all other like empowered.

FILED

4-25-06 588-8290