2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 02, 2006 8:00 am Secretary of State **DOCUMENT # 754317** 1. Entity Name 05-02-2006 90219 020 ****70.00 COLONIAL HEIGHTS, INC. Principal Place of Business Mailing Address C/O DUHON 6261 SE COLONIAL DRIVE STUART FL 34997 C/O DUHON 6261 SE COLONIAL DRIVE STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number City & State 59-2388582 Not Applicable Zip Country Zip 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 DUHON, BOBBY D Street Address (P.O. Box Number is Not Acceptable) 6261 SÉ COLONIAL DR. STUART FL 34997-8253 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 purified name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box 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. 11. ☐ Detete THILE Change TITLE TOMKOWICZ, VIRGINIA NAME NAME 6325 SE COLONIAL DRIVE STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-ZIP VD ☐ Change ☐ Addition Delete TITLE TITLE SWEITZER, WAYNE MANE NAME 4479 S.E. MELODEE WAY STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CHY_ST_ZIP ☐ Change ☐ Addition TD ☐ Delete TITLE TITLE NAME SINCLAIR, JOHN 6325 SE COLONIAL DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP STUART FL 34997 CITY-ST-7IP Change ☐ Addition SD Delete TITLE TiTLE DUHON, BOBBY D NAME NAME 6261 SE COLONIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL CITY-S1-ZIP WD ☐ Change ☐ Addition Delete TITLE TITLE SUMNER, RANDY NAME NAME 6301 S.E. COLONIAL DR STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED

<u>772-720-2383</u>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE