2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F00000005601 02-23-2006 90009 023 ***150.00 1. Entity Name FIRST OUT CORPORATION Principal Place of Business Mailing Address 50 NE-26TH AVE -50 NE-26TH AVE SUITE-201 SUITE-201--POMPANO BEACH, FL 33062 POMPANO BEACH, Ft. 33062 2. Principal Place of Business Mailing Address 6555 N. Powerline Rd. 6555 N. Powerline Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 CR2E034 (11/05) Cha-P Suite 408 Suite 408 City & State City & State 4. FEI Number Applied For Ft. Lauderdale, FL Ft. Lauderdale, FL 06-1340605 Not Applicable Country Zip 33309 Country 33309 \$8.75 Additional 5. Certificate of Status Desired Broward Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DALEY, STACIE K 50 NE 26TH AVE 201 6555 N. Powerline Rd. Suite 408 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH, FL 33062 Ft. Lauderdale, FL 33309 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PS TITLE ☐ Delete TITLE Change LENZ, CORBETT R NAME NAME 6555 N. Powerline Rd. Suite 408 STREET ADDRESS 50 NE 56TH AVE-SUITE 201 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL-33062 CITY-ST-ZIP Ft. Lauderdale, FL 33309 TITLE Delete TITLE Change ☐ Addition DALEY, STACIE A NAME NAME 6555 N. Powerline Rd. Suite 408 STREET ADDRESS 50 NE 26TH AVE SUITE 201 STREET ADDRESS POMPANO BEACH, FL-33062 Ft. Lauderdale, FL 33309 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME 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

12. Thereby 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.

SIGNATURE:

FILED Feb 23, 2006 8:00 am