2006 FOR PROFIT CORPORATION

May 09, 2006 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # F01000006324 1. Entity Mame 05-09-2006 90079 001 ***150.00 REXY CORPORATION Principal Place of Business Mailing Address P.O. BOX 11028 890 B RUSH HOLLOW RD WEST PALM BEACH FL 33419 WESTBURY NY 11590 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 11-3058354 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33404 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Altidor Bernier Street Address (P.O. Box Number is Not Acceptable) 1021 Center Stone Lane BERNIER, ALTIDOR 2301 N 101 WAY CORAL SPRING FL 23065 City Zio 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or presed name of registered agent and title it applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition Р NAME BERNIER, ALTIDOR NAME STREET ADDRESS STREET ADDRESS 890 BRUSH HOLLOW RD CITY-ST-ZIP Bernier Altidor CITY-ST-ZIP WESTBURY NY 11590 1021 Center Stone Lane Change ☐ Delete TITLE ☐ Addition TITLE Riviera Beach FL 23404 NAME BERNIER, MARIE GUERRE NAME STREET ADDRESS STREET ADDRESS 890 BRUSH HOLLOW RD CITY-ST-ZIP WESTBURY NY 11590 CITY-ST-ZIP ☐ Detete Change ☐ Addition ST NAME NAME Bernier ,Marie Guerre STREET ADDRESS STREET ADDRESS 1021 Center Stone Lane CITY-ST-ZIP CITY-ST-ZIP Riviera Beach FL 33404 ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

CITY-ST-ZIP

FILED