2006 FOR PROFIT CORPORATION

FILED Apr 06, 2006 8:00 am Secretary of State

| | ANNUAL | REPORT | IUN | | |
|-------------------|--------|--------|-----|--|--|
| DOCUMENT # FO1011 | | | | | |

| ANNUAL REPORT | | | | | | ^ | | J | 01 ~ 0 | |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------|---------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------|-------------------------|---------------------------------------------------------|------------------------------------|
| DOCUMENT # F01241 1. Entity Name | | | | | | 04-06-2006 | 90003 (| 037 ***150 | 0.00 | |
| DAVID M. FLETT AND ASSOCIATES, INC. | | | | | , | nuv: | | | | |
| Principal Place of Busine | SS | Mailing Address | | | | ' | dan. | | | |
| 4825 PEPPER BUSH LA | | 4825 PEPPER BUSH L | ANF | | | | | | | |
| BOYNTON BEACH, FL. 3 | | BOYNTON BEACH, FL | | US | | | | | | |
| | | | | | | 11081100 1111 | A COMIN MAN AND TOTAL | LL BIRTH BIRTH | ATORE ALBEM BYON DE | 171 4 6 1 11 1 4 6 1 |
| 2. Principal Place of Bus | iness | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | - | 02222006 | Chg-P | CR2E | E034 (11/05) | |
| City & State | | City & State | | 4 | 59-204 | | | | oplied For ot Applicable | |
| Zip | Country | Zip | Count | try | | 5. Certificate | of Status Desired | | \$8.75 Add Fee Require | |
| 6. Nam | e and Address of Current I | Registered Agent | | | 7 | . Name and | Address of New I | Registere | d Agent | |
| FLETT, DAVID M. | | | | Name | 10112- <u>1</u> | lett. | Karer | | | |
| 4825 PEPPER BUS | SH LANE | | | Street Ad | ldress (P.C |). Box Number | er is Not Acceptabl | e) | | |
| BOYNTON BEACH | | | | 4825 | - Pepp | <u>er Bus</u> | <u>h Lane</u> | | | |
| | | | | | | | | | | |
| A T1 | | | | ^{Ci} Boyr | nton E | Beach | | F | _ 17747 | |
| the obligations of jegi | tity submits this statement for stered agenta | the purpose of changing its | s registere | ed office or i | registered | agent, or bot | th, in the State of Fl | orida. I a | m familiar with, | and accept |
| Wa. | | 21. 1 | | | | | | 11/ | u / | |
| SIGNATURE Signature, type | ed or printed name of registered agent a | nd title if applicable. (NOT | E: Registere | 1 Agent signatur | e required wh | en reinstation) | | DATE | HOL | |
| | | | | | | | | | · <u> </u> | |
| FILE NOW!! After May 1, 20 | ! FEE IS \$150.00 06 Fee will be \$550.0 | 9. Election Campa Trust Fund Con | | icing | | May Be to Fees | | | | |
| 10. | OFFICERS AND I | DIRECTORS | 11. | | | ADDITIONS/ | CHANGES TO OF | FICERS A | ND DIRECTOR | S IN 11 |
| TITLE PDT | | Delete | TITLE | | | | | | ☐ Change | ☐ Addition |
| 1 ! ' | DAVID M | | NAM | | | | | | | • |
| | PPER BUSH LANE ON BEACH, FL 33436 | | | ET ADDRESS | | | | | | |
| TITLE DS | JN BEACH, FL 33436 | <u> </u> | | -ST-ZIP | DDOT | | | | | |
| 1 | UR-FLETT, KAREN | ☐ Delete | TITLE | | PDST | P1 . | V | | X Change | ☐ Addition |
| | PPER BUSH LANE | | | ET ADDRESS | | | tt, Karen | | | |
| CITY-ST-ZIP BOYNTO | ON BEACH, FL 33436 | | | -ST-ZiP | | | Bush Lan | | | |
| TITLE D | · | ☐ Delete | TITLE | | | ин цеа | 111, 111.1.1 | 4.10 | ☐ Change | ☐ Addition |
| | UR, MARK W., JR. | | NAMI | | | | | | | |
| | PPER BUSH LANE | | | ET ADDRESS | | | | | | |
| TITLE BOTNIC | ON BEACH, FL 33436 | | + | -ST-ZIP | | | | . | 0 | C Address |
| NAME | | ☐ Delete | TITLE | | | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | | ☐ Change | Addition |
| NAME PERSET ADDRESS | | | NAMI | 1 | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS -ST-ZIP | | | | | | |
| TITLE | | T outsta | TITLE | | | | * * *** | | ☐ Change | ☐ Addition |
| NAME - | | ☐ Delete | NAMI | | | | | | ∟ı tılaliye | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | | |
| 12. I hereby certify that t | ha lafa a si a a a li a la lafa | ALIE ERICA DE LA CARACTERIA DE | | | | - | | 16.45 | | ntermetion |
| I the second of the second | ne information supplied with | this filing does not quality to | or the exe | emptions co | intained in | Chapter 119 | i, Florida Statutes. | i iumner c | eriny mai me i | niorination |
| of the corporation or | ne information supplied with ort or supplemental report is the receiver or trustee empo ttachment with an address, v | true and accurate and that i wered to execute this report | my signat t as requi | emptions co ture shall ha red by Char | intained in ive the sar pter 607, F | i Chapter 119 ne legal effec lorida Statute |), Florida Statutes. It as if made under is; and that my nan | oath; that ne appear | ertify that the I I am an officer s in Block 10 o | r or director ir Block 11 if |

SIGNATURE: Saran Slymous - Flatt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR