2006 FOR PROFIT CORPORATION

May 03, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F03000004455 05-03-2006 90240 048 ***150 00 1. Entity Name DAVID E. YOUNG, INC. Principal Place of Business ないひなりひょう 27500 RIVERVIEW CENTER BLVD., SUITE 400 27500 RIVERVIEW CENTER BLVD., SUITE 400 BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 13-4042989 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VP, ASSISTANT SECRETARY TITLE Delete TITLE BODE, JOHN. 27500 RIVERVIEW CTR. BLVD. FLUGEL, JASON S NAME NAME STREET ADDRESS 27500 RIVERVIEW CENTER BLVD. SUITE 400 STREET ADDRESS BONIA SPRINGS FL 34134 DIRECTOR, PRESIDENT, CEO FLEGEL, JASON S. CITY-ST-ZiP BONITA SPRINGS, FL 34134 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition FLEGEL, JASON S NAME NAME 27500 RIVERVIEW CTR. BLUD. STREET ADDRESS 27500 RIVERVIEW CENTER BLVD., SUITE 400 STREET ADDRESS BONITA SPRINGS , FL 34134 CITY-ST-7IP BONITA SPRINGS, FL 34134 CITY-ST-ZIP VP, SECRETARY vs DITE Change Delete TITLE ☐ Addition BATES, DOUGLAS J. 27500 RIVERVIEW CTR. BLVD. NAME BONTES, DOUGLAS NAME STREET ADDRESS 27500 RIVERVIEW CENTER BLVD., SUITE 400 STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP BONITA SPRINGS FL 34134 VSAS TITLE Delete TITLE Change ☐ Addition NAME FIERMAN, MARC NAME 27500 RIVERVIEW CENTER BLVD., SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 changed, or on an attachment with an address, with all other like empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED