2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TY

May 01, 2006 8:00 am Secretary of State DOCUMENT # F04000006521 05-01-2006 90307 046 ***150.00 PORT RICHEY FL CAPITAL, INC. Mailing Address Principal Place of Business 2635 E. MILLBROOK ROAD P.O. BOX 26006 RALEIGH, NC 27611 RALEIGH, NC 27603 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 CR2E034 (11/05) Cha-P City & State City & State 4 FEI Number Applied For 20-1973533 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 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 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. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Defete TITLE ☐ Change Addition LAVRACK, WAYNE D NAME NAME 2635 E. MILLBROOK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RALEIGH, NC 27603 CHY-SI-ZIP VD TITLE Detete ☐ Change ☐ Addition GARDNER, JOHN W NAME NAME STREET ADDRESS 2635 E. MILLBROOK ROAD STREET ADDRESS RALEIGH, NC 27603 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GUIRLINGER, RICHARD B NAME NAME STREET ADDRESS 2635 E. MILLBROOK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RALEIGH, NC 27603 Addition TITLE TITLE ange Felman, James S. 2635 Millbrook Rd JOHNSON, J. HINES III NAME STREET ADDRESS 2635 E. MILLBROOK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RALEIGH, NC 27603 TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP Detete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby 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 changed, or on an attachment with an address—with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #