2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT# F29203 Jul 24, 2001 8:00 am Secretary of State . Craig Edeward, Inc. 07-24-2001 90003 010 ***150.00 Mailing Address nour JL41 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, otc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MPANO Beach, FL. 33060 Zip Code 8. The above named entity admits this estement toy the pulpose of changing its positived office or registered agent, or both, in the State of Fiorida. 1-16-2001 SIGNATURE Signature, typod or printed name of registered egent and title if applicable (NOTE: Registerer Agent algosture required when remetating) 9. This corporation is eligible to satisfy its intangible FILE NOWIN FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteris on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. mÆ Delete TILLE ☐ Change Addition Edewaard NAME NAME STREET ADDRESS ISE 7th STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP onpano Director/ TITLE TITLE Chango Addition MAME NAM' · Craig Edeward STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CHY-ST-ZIP TITLE TITLE Change Addition Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY ST-ZIP TIRE ☐ Change Addition ☐ Defece TITLE NAME STREET ADDRESS STREET ADORESS CITY ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Chango Addition | Dalere NAME NAME STREET AUDRESS STREET ADDRESS CHY-ST-ZIP CITY-51-21 HILE Maddillon ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STRIFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP thereby certify that the information supplied with this filling focs not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental reports five and accurate and that my signature shall have the same fegal effect as if made under each; that i am an efficiency of the corporation or the receiver on trustee empowered to execute the freport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment withen add/ses, with all other like expowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SHEWING OFFICER OR DIRECTO

Daytime Pugge 6



C. CRAIG EDEWAARD, INC. General Contractor

Joc# F29203

July 16, 2001

Division of Corporations Registration Section 409 E. Gaines Street Tallahassee, FL. 32399

To whom it may concern:

Please find attached Corporate Annual Reports for our 3 Development Companies.

Please be advised we moved in January 2001 and for some reason did not get any of our Corporate Annual Report forms forwarded to us, therefore we failed to get them filed in a Timely manner.

We respectfully request you please change our address on the following attached Corporations to reflect:

> 436 SW 14th Court Ft. Lauderdale, FL. 33315 (954)523-5615

Should you have any questions, please do not hesitate to give me a call.

Sincerely

Vicky Davis

Office Manager