2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

12. I hereby certify that the information supp indicated on this report or supplemental in of the corporation or the receiver or just if changed, or on an attachment with an

SIGNATURE:

dress, with all of

SIGNATURE AND TYPED OR PRINTED

ike empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2006 08:00 AN DOCUMENT # F91094 **Secretary of State** 1. Extity Name BETTEN MURPHY & WEISS, ATTORNEYS, P.A. Principal Place of Business Mailing Address 1800 PENN STREET 1800 PENN STREET STE 6 STE 6 MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 59-2223184 Not Applicat Country Zip 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 Name MURPHY, JOHN C. Street Address (P.O. Box Number is Not Acceptable) 1800 PENN STREET STE 6 MELBOURNE FL 32901 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 acce the obligations of registered agent. SIGNATURE DATE Signature Typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addi THLE TITLE ☐ Delete 1000000408752 NAME MURPHY, JOHN C. MAME 02/08/06-80061-025 150.00 STREET ADDRESS STREET ADDRESS 1800 PENN STREET STE 6 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 Delete TITLE ☐ Change ☐ Add ST TITLE WEISS, KURT C. NAME STREET ADDRESS STREET ADDRESS 1800 PENN STREET STE 6 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 TITLE ☐ Change ☐ Aris ☐ Defete TITLE NAME NAMe. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Add TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change T Add ☐ Delete TITLE TiTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP ☐ Add TITLE ☐ Delete DILE Change Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

d with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information bort 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 direct empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1

25 Jan 06

FILED