2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 8:00 am Secretary of State **DOCUMENT # F96000004668** 1. Entity Name 05-01-2006 90379 001 ***150.00 STRADUM, INC. Principal Place of Business Mailing Address 4001 TAMIAMI TRAIL NORTH 4001 TAMIAMI TRAIL NORTH **SUITE 390 SUITE 390** NAPLES, FL 34103-3555 US NAPLES, FL 34103-3555 US 2. Principal Place of Business Mailing Address TAMIAMITRAIL NORTH OOI TAMIAMI TRAIL NORTH Chg-P 04252006 CR2E034 (11/05) 4. FEI Number Applied For 34-1216901 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNS, JUDITH K 4001 TAMIAMI TRL N, #390 NAPLES, FL 34103 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. ten SIGNATURE (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. X Change ☐ Addition PCD ☐ Delete TITI F STRANAHAN, DUANE JR TITLE 4001 TAMIAMI TRAIL NORTH SUITE 404 NAPLES, FL 34103 STRANAHAN, DUANE JR NAME NAME STREET ADDRESS 4001 TAMIAMI TRAIL NORTH SUITE 390 STREET ADDRESS CITY-ST-ZIP NAPLES, FL CITY-ST-ZIP M Change Addition ACS □ Delete TITLE JOHN , JUDITH K JOHNS, JUDITH K NAME NAME 4001 TAMIAMI TRAIL N. #404 NAPLES, FL 34103 4001 TAMIAMI TRAIL N. #390 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES, FL 34103 ☐ Change ☐ Addition ☐ Delete TITLE TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Detete 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. SIGNATURE: K

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED