2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 13, 2007 8:00 am Secretary of State DOCUMENT # F98000006257 03-13-2007 90016 047 ***150.00 WEINER CORPORATION Principal Place of Business Mailing Address 4500 I-55 NORTH SUITE 213 3501 DEL PRADO BLVD. JACKSON MS 39211 US SUITE 300 CAPE CORAL FL 33904 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 64-0509980 Not Applicable Zip 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 WEINER, LESTER E 3501 DÉL PRADO BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 300 CAPE CORAL FL 39404 City 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. | am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE ☐ Delete TITLE ★ Change ☐ Addition WEINER, LESTER NAME NAME 3501 DEL PRADO BLVD., #206 3501 Del Prado Blvd., Suite 300 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY - ST - ZIP TOTE ☐ Delete THLE Change ☐ Addition WEINER, ROBYN NAME NAME 3501 Del Prado Blvd., Suite 300 3501 DEL PRADO BV STE 206 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-7IP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS C1TY - ST - 71P CITY ST-ZIP THE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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