2003 FOR PROFIT CORPORATION

FILED Apr 29, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) F99000006536 DOCUMENT # 04-29-2003 90064 007 ***150.00 1. Entity Name MCCARY & ROOD, INC. Principal Place of Business Mailing Address 5222 C EACTEON AVENUE 5233 S EASTERN AVENUE LAS VEGAS NV 89119 TAS VEGAS NV 89119 2. Principal Place of Business 3. Mailing Address PATRICIC LANE 3950 E. PATRICK 3950 E Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 101 JUITE DUITE 101 4. FEI Number Applied For 65-0781912 VEGAS Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 89120 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATE CREATIONS ENTERPRISES INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH FL 33139 City 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. ☐ Change ☐ Addition TITLE Delete TITLE RYW, KEVIN T RYAN, KEVIN T NAME NAME 3950 E BATEICIE LANE 5299 9 EASTERN AVENUE STREET ADDRESS STREET ADDRESS LAS VEGAS NV-89119 CITY-ST-ZIP CITY-ST-7IP VEGAS, NV 89120 Delete ☐ Addition TITLE ☐ Change TITLE NAME CASEY, LAWRENCE W NAME STREET ADDRESS STREET ADDRESS 370 OLD COUNTRY ROAD CITY-ST-ZIP CITY-ST-7IP GARDEN CITY NY 11530 Change TITLE Addition TITLE ☐ Delete MEDERMOTT NAME MCDERMOTT, ROBERT J NAME 370 ELS COUNTAY STREET ADDRESS STREET ADDRESS 2000 PGA BLVD., STE. 2100 CITY-ST-ZIP CITY-ST-ZIP N: PALM-BEACH FL 33408 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE

12. Thereby certify that the information supplied with this filing does 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 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 receives 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 attachme

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP