2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2006 8:00 am Secretary of State 05-04-2006 90245 024 ***150.00 DOCUMENT # G50950 DEJONG & LEBET, INC. 40085130 Principal Place of Business Mailing Address 1734 EMERSON STREET 1734 EMERSON STREET JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 03282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2320270 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEJONG, JULIANNE C. DO NOT WRITE 4173 BIRMINGHAM ROAD *** JACKSONVILLE, FL 32207 📝 IN THIS SPACE 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DEJONG, NORMAN N. NAME STREET ADDRESS 4173 BIRMINGHAM ROAD CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE NAME LEBET, ANDREW D. STREET ADORESS 7602 SAN JOSE BLVD CITY-ST-ZIP JACKSONVILLE, FL 32217 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE Vice President, Engineering HAYDEN, WILLIAM M. STREET ADDRESS 724 Pennsylvania Avenue CITY-ST-ZIP Fort Lauderdale, FL 33312 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 affect 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 attactment with ay address, with all otherwise empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Secretary/Treasurer

FILED