2006 FOR PROFIT CORPORATION

Jan 17, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # G87042 01-17-2006 90276 032 ***150.00 1. Entity Name PAYNE CORPORATION Principal Place of Business Mailing Address 780 DELTONA BLVD 243 RIVER VILLAGE DR. **STE 105** DEBARY, FL 32713 DELTONA, FL 32725 2. Principal Place of Business 3. Mailing Address 404 NEWTECH 404 NEWTECH Suite, Apt. #. etc. Suite, Apt. #, etc. 01112006 Chg-P CR2E034 (11/05) City & State 4 FEI Number Applied For DEBARY DEBARY 59-2617314 Not Applicable Zip 32713 \$8.75 Additional A2U 5. Certificate of Status Desired **A**2U 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUIS HERNANDEZ. HERNANDEZ, LUIS A., JR. Street Address (P.O. Box Number is Not Acceptable) 780 DELTONA BLVD. STE. 105 DELTONA, FL 32725 404 NEWTECH CT. Zip Code 32713 8. The above named entity submits thi ne 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 HERNANDEZ SIGNATURE. Signature, typed or printed name (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Change Addition HERNANDEZ, LUIS A., JR. NAME NAME STREET ADDRESS 780 DELTONA BLVD STE 105 404 NEWTECH COURT STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 CITY-ST-ZIP FL 32713 VD ☐ Delete TITLE Change Change ☐ Addition HARDY, TRACY E. NAME NAME 780 DELTONA BLVD STE 105 STREET ADDRESS NEWTECH CT. STREET ADDRESS DELTONA, FL 32725 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE ☐ Delete Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7!P CITY-ST-7IP TITLE Delete T(7) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 suppliemental 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 tripsed 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 attackment with a gardings, with all pure like empowered.

SIGNATURE:

Luis ME OF SIGNING OFFICER OR DIRECTOR

FILED