2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Secretary of State DOCUMENT # G88012 01-30-2006 90042 049 ***150.00 1. Entity Name THOMAS FELTER, INC. Principal Place of Business Mailing Address **5 GALLBERRY COURT** P O 296 BUNNELL FL 32110 BUNNELL FL 32110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number **NO-T APPLICABLE** 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 Name FELTER, JULIE BRYANT Street Address (P.O. Box Number is Not Acceptable) 5 GALLBERRY CT BUNNELL FL 32110 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition FELTER, JULIE BRYANT NAME MAME STREET ADDRESS 5 GALLBERRY CT STREET ADDRESS City-ST-ZIP BUNNELL FL 32110 CITY-ST-ZIP DOV TITLE ☐ Delete TITLE ☐ Addition NAME FELTER, THOMAS A. NAME STREET ADDRESS 5 GALLBERRY CT STREET ADDRESS CITY+SI-ZIP BUNNELL FL 32110 CITY-ST-78P TITLE Dolete n_ TITL F . Addition NAME 15 20 SE 89 ST. OCALA, L. 34471 KERLEY, LELA F NAME STREET ADDRESS 5 GALLBERRY CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BUNNELL FL-34471 TITLE D ☐ Delete TITLE ☐ Addition NAME FELTER, CEIL D NAME STREET ADDRESS 5 GALLBERRY CT STREET ADDRESS CITY-ST-ZIP BUNNELL FL 32110 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Jan 30, 2006 8:00 am