2006 FOR PROFIT CORPORATION

Sep 01, 2006 8:00 am Secretary of State ANNUAL REPORT 09-01-2006 90001 050 ***150.00 **DOCUMENT # H56782** MAPLEWOOD DEVELOPMENT GROUP OF SARASOTA. 40102451 Principal Place of Business Mailing Address 6529 WOOD POND DRIVE P.O. BOX 20247 BRADENTON, FL 34202 BRADENTON, FL 34204 US 2. Principal Place of Business 3. Mailing Address 6529 WOOD POND DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 08222006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 58-1658808 Not Applicable BRADENTON FI. Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 34202 MANATEE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, RONALD R Street Address (P.O. Box Number is Not Acceptable) 6529 WOOD POND DRIVE BRADENTON, FL 34202 Zip Code City 8. The above inertied 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 registers d agent. -29-06 SIGNATURE agent and title if applicab 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! 'FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 - OFFICERS AND DIRECTORS 11. 10. PD ☐ Change ☐ Addition ☐ Delete TITLE TİTLE LIES, DAVID & NAME NAME 1301 S. WOLF, PLACE, STE 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 📜 PROSPECT HEIGHTS, IL 60070 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition JOHNSON, RONALD R NAME NAME 6529 WOOD POND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34202 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SEIPP, JANICE C NAME NAME STREET ADDRESS 1301 S. WOLF PLACE, STE. 203 STREET ADDRESS CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070 CITY-ST-ZIF Oelete 1ITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THIE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME

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 effect as if made under oath; that I am an officer or director of the corporation or the receiver of sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver of changed, or on an attachment with empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

FILED