2003 FOR PROFIT CORPORATION

FILED Apr 21, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR H75091 DOCUMENT # 1. Entity Name 04-21-2003 91055 033 ***150.00 DISCOVERY BAY, INC. Principal Place of Business Mailing Address 7205 ESTERO BLVD 4191 BAY BEACH LANE #225 FT. MYERS BEACH FL 33931 FT. MYERS BEACH FL 33931 US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-2575078 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARTUNG, MARTHA A. Street Address (P.O. Box Number is Not Acceptable) 4191 BAY BEACH LANE #225 FORT MYERS BEACH FL 33931 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change ☐ Delete TITLE TITLE HARTUNG, MARTHA A. NAME NAME 4191 BAY BEACH LANE #225 STREET ADDRESS STREET ADDRESS FT. MYERS BEACH FL 33931 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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 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 like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP