FILED Apr 03, 2006 8:00 am Secretary of State 2006 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # H83332** 04-03-2006 90412 025 ***150.00 HARRY P. STAMPLER, INC. Mailing Address Principal Place of Business 50008676 2801 EVANS ST. 2801 EVANS ST. HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 US 2. Principal Place of Business 2080 Tiger Fall Bivd Suite, Apt. #, etc. 3. Mailing Address 2080C Tigertail 01302006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number Dani 59-2623129 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required

Name

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

tury Stampler 3.27. or 454

Tigertail Blud

6. Name and Address of Current Registered Agent

STAMPLER, HARRY

HOLLYWOOD, FL 33020

2801 EVANS ST.

SIGNATURE:

Zin Code ent 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 above named entity Bultymits this state the obligations of (NOTE: Registered Agent signature requires when reins SIGNATURE red agent and title it applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Delete TITLE TITLE Addition STAMPLER, HARRY NAME NAME 2000 C Tigertail Blud 2801 EVANS ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CLTY - ST - ZIP CITY - ST - ZIF ☐ Delete ☐ Change TITLE TITLE Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THE Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ 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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is que up 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 distance of the corporation or the receiver or distance of the corporation or an attachment when a popular is address, will all other like empowered.

NAME OF SIGNING OFFICER OR DIRECT