2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: Signature and typed or Printed Name of Signing Officer on Director

Apr 06, 2006 8:00 am Secretary of State [)OCUMENT # H91625 1. Entity Name 04-06-2006 90027 041 ***150.00 GWENEL, INC. Principal Place of Business Mailing Address 71 SE 4TH AVE DEERFIELD BEACH FL 33441 71 SE 4TH AVE DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2616354 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLIER, GWEN C Street Address (P.O. Box Number is Not Acceptable) 71 SE 4TH AVE DEERFIELD BEACH FL 33441 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 life if applicable (NOTE: Registered Agent signature required when resistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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 TITLE VST Delete TITLE Change ☐ Addition COLLIER, GWEN C NAME NAME STREET ADDRESS 71 SE 4TH AVE STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY-ST-ZiP TITLE Delete Change ☐ Addition TITLE Gironda, Ronald J., 19270 Wood Sage Drive MAME GICONDA, RONALD J NAME STREET ADDRESS 71 SE 4TH AVE STREET ADDRESS DEERFIELD BEACH FL 33441 CITY - ST - ZIP CITY-ST-ZIP Tampa, Florida 33647 TITLE ☐ Delete IITLE Change Addition MAME COLLIER, GWEN C. STREET ADDRESS 71 S.E. FOURTH AVENUE STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP ☐ Defete TITLE DELF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fifing 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

C. Collier 3/27/06 (954)427-2048