2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # J43617 Jan 30, 2006 08:00 AN 1. Entity Name Secretary of State 5400 N. DIXIE, INC. MaiTing Address Principal Place of Business 2885 SIERRA PINE DR 2885 SIERRA PINE DR LANTANA FL 33462 LANTANA FL 33462 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 59-2749902 Not Applicat 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 LOFASO, FRANK Street Address (P.O. Box Number is Not Acceptable) 2885 SIERRA PINE DR LANTANA FL 33462 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 access the obligations of registered agent. SIGNATURE Signature. Typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 Mav € After May 1, 2006 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 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME LOFASO, FRANK 拉拉克斯 U00000487183 STREET ADDRESS 2885 SIERRA PINE DR STREET ADDRESS 02/08/06-800D6-009 150.00 CITY+ST-7IP LANTANA FL 33462 CITY-ST-7/P TITLE Delete BILE Change Ardibe NAME ABEEL, LISA L NAME STREET ADDRESS 3039 BURRLAND LANE STREET ADDRESS CITY-ST-ZIP THE PLAINS VA 20198 CITY-ST-ZIP ☐ Change And Sc TITLE ☐ Delete HRE NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CUTY - ST - ZIP TITLE ☐ Delete TITLE Change And and NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change A.S. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY -ST-ZIP Defete TITLE ☐ Change Π Ασσίδο STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7/P

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 cath, 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.

SIGNATURE:

| Jariol | 566-965-9674|

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