2006 FOR PROFIT CORPORATION

FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90349 029 ***150.00

ANNUAL REPORT

SIGNATURE:

DOCUMENT # J84328 1. Entity Name **GORNY HOLDING CORPORATION** 40049846 Principal Place of Business Mailing Address 10780 47TH ST. N. 850 BAY ESPLANADE UNIT A CLEARWATER, FL 33767 US CLEARWATER, FL 33762 US 2. Principal Place of Business 3. Mailing Address MANADP Suite, Apt. #, etc Suite, Apt. #, etc. 04122006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 59-2829946 Not Applicable 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 GORNY, PAUL V. Street Address (P.O. Box Number is Not Acceptable) 850 BAY ESPLANADE CLEARWATER, FL 33767 Zip Code 8. The above named entity submits this statement or 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 egistered agent. SIGNATURE. epolicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD Delete TITLE ☐ Change ☐ Addition GORNY, PAUL V. NAME NAME STREET ADDRESS 850 BAY ESPLANADE STREET ADDRESS CITY-ST-7IP CLEARWATER, FL 33767 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Addition MLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 trusted 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.

G OFFICER OR DIRECTOR