2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 24, 2007 8:00 am Secretary of State DOCUMENT # K61597 04-24-2007 90015 036 ***150.00 1. Entity Name PARKER-POINCIANA, INC. 400/0400 Principal Place of Business Mailing Address 9001 DANIELS PKWY STE 200 9001 DANIELS PKWY STE 200 FORT MYERS, FL 33912 FORT MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2927847 Not Applicable Zip Country 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 ANDREW SERVICE CORPORATION OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN STREET **SUITE 2100** TAMPA, FL 33602 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Nelete TITLE ☐ Change ■ Addition NAME PARKER, JACK NAME 9001 DANIELS PKWY STE 200 STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33912 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition GLICK, ADAM NAME NAME STREET ADDRESS 9001 DANIELS PKWY STE 200 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP VTS □ Delete TITLE TITLE ☐ Channe Addition KNIZNER, DAVID NAME NAME 9001 DANIELS PKWY STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition MITCHELL, STEPHEN J. NAME NAME STREET ADDRESS 201 N. FRANKLIN STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP DP ☐ Delete TITLE TITLE ☐ Change ■ Addition REISMAN, JOHN NAME NAME 9001 DANIELS PKWY STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information on inferior and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director any owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information supplied indicated on this report or supplemental red of the corporation or the receiver or yustee changed or on an attachment with an adwith all other like empowered

DAUE KUIZER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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