FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am § Secretary of State DOCUMENT # K61999 1. Entity Name FLORIDA REAL ESTATE DECISIONS, INC. 05-28-2002 91734 016 ***150.00 Principal Place of Business Mailing Address %LINDA L. HUNT %LINDA L. HUNT 180 ST. DAVIDS WAY 180 ST. DAVIDS WAY WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address 2765 W FOREST Hill Blue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1314 City & State 4. FEI Number Applied For NELLINGTON 65-0225914 Not Applicable 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 HUNT, LINDA L.-O. Box Number is Not Acceptable) 180 ST. DAVIDS WAY WEST PALM BEACH FL 33414 ST. Davisis City 8. The above named entity sobmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** ☐ Delete TITLE ☐ Addition HUNT, LINDA L. NAME NAME: STREET ADDRESS 180 ST. DAVIDS WAY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP VTD TITLE ☐ Delete TITLE □ Change ☐ Addition NAME HUNT, RAY N. NAME STREET ADDRESS 180 ST. DAVIDS WAY STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (9/01)