2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE'

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2004 08:00 AN Secretary of State DOCUMENT # K64423 MAYFAIR VALLEY, INC. Mailing Address Principal Place of Business 1858 RINGLING BLVD 1858 RINGLING BLVD SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01152004 Chg-P Applied For City & State City & State 4. FEI Number 65-0104057 Not Applicable Zφ Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered 6. Name and Address of Current Registered Agent Name GLENDINNING, RENEA M Street Address (P.O. Box Number is Not Acceptable) 1858 RINGLING BLVD. SARASOTA, FL 34236 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 reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change TITLE TITLE Detete LANCON, ROLAND MARKE NAME U00000149361 05/03/04-80184-019 150.00 STREET ADDRESS 1858 RINGLING BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL. STD ☐ Change ☐ Addition Delete THE TITLE NAME CLEGG, HELEN NAME STREET ADDRESS 1858 RINGLING BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL, ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED