2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 15, 2006 8:00 am Secretary of State 02-15-2006 90033 032 ***150.00 **DOCUMENT # K81378** MOBILITY CONCEPTS, INC. Principal Place of Business Mailing Address 60015893 230 N. DIXIE HWY 230 N. DIXIE HWY BAYS 30-33 BAYS 30-33 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Act. #. etc. 01192006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 65-0115068 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUDA, SONIA Street Address (P.O. Box Number is Not Acceptable) 5100 WASHINGTON ST APT 404 HOLLYWOOD, FL 33021 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. TOUGHT IN DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PTS** ☐ Change TITLE ☐ Delete TITLE NAME DUDA, SONIA NAME 4924 SW 27TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE BRIGGS, SCOTT NAME NAME STREET ADDRESS 4891 SW 26TH AVENUE STREET ADDRESS FORT LAUDERDALE, FL 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE TS Delete TITLE ☐ Change ■ Addition GALVIS, CLAUDIA P NAME NAME 11741 TERRA BELLA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PLANTATION, FL 33325 ■ Addition ☐ Change TITLE ☐ Delete TMF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change . Addition NAME NAME -_ (P) | 1 (A) (25) STREET ADORESS STREET ADDRESS ar Elimination is 2.69: 4, 14 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 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 AND DIFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

20106

Date

Daytime Phone #