ZUUG FUR FRUFII CURFURATIUN ANNUAL REPORT

DOCUMENT # L00817 **FILED** 1. Entity Name Jan 20, 2006 08:00 AM SOODHALTER, INC. **Secretary of State** Principal Place of Business Mailing Address 1901 BRICKELL AVENUE % EDWARD P. GUTTENMACHER PO BOX 310054 #B907 MIAMI, FL 33231-0054 US MIAMI, FL 33129 01122006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0127878 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SOODHALTER, DEBORAH A DO NOT WRITE 1901 BRICKELL AVE B-907 MIAMI, FL 33129 IN THIS SPACE 3. 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 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DP TITLE CAMPBELL, LEAS NAME PO BOX 310054 STREET ADDRESS CITY-ST-7IP MIAMI, FL 332310054 U00000393141 01/25/06-80008-015 150.00 DVTS TITLE SOODHALTER, DEBORAH A. NAME PO BOX 310054 STREET ADDRESS MIAMI, FL 332310054 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 it 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 tike empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 1/13/06 305 856-7000 Days Trinted NAME OF SIGNING OFFICER OR DIRECTOR Days To Days The Phone &