2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 03, 2006 08:00 AM Secretary of State DOCUMENT # L01000003149 1. Entity Name FOWLER GAMES TRUCKING, LLC Principal Place of Business Mailing Address 4310 SHERIDAN ST 4310 SHERIDAN ST SUITE 202 HOLLYWOOD FL 33021 SUITE 202 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 65-1089227 Not Applicat Zip Country Zip Country \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOWLER, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 4310 SHÉRIDAN ST SUITE 202 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. Lam familiar with, and access the obligations of registered agent. SIGNATURE Signature, typind or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR TITLE ☐ Delete ☐ Change A.L. FOWLER, JOSEPH NAME NAME STREET ADDRESS 4310 SHERIDAN ST SUITE 202 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Additio ☐ Delete TITLE ☐ Change U00000562144 NAME NAME 05/19/06-80044-009 50.00 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change Addin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addit-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

FILED