.2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED May 02, 2005 8:00 am Secretary of State DOCUMENT # L04000074803 05-02-2005 90109 045 ****50.00 THE PROFIT CENTER, LLC Principal Place of Business Mailing Address 3801 PGA BLVD. 3801 PGA BLVD. C/O HIXSON, MARIN, DE SANCTIS & COMPA PALM BEACH GARDENS FL 33410 C/O HIXSON, MARIN, DE SANCTIS & COMPA PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 20-1757773 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent-7-Name and Address of New Registered Agent PETER V. DE SANCTIS, CPA VALDES-FAULI CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) HIXSON, MARIN, DE SANCTIS & COMPANY, 777 S. FLAGLER DR. **SUITE 500 EAST** WEST PALM BEACH FL 33401 3801 PGA BLVD., SUITE 806 PALM BEACH GARDENS 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 Signature, type (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM X) Addition TITLE X Delete TITLE ☐ Change WEISS GROUP INC. NAME NAME MDW, LLC STREET ADDRESS STREET ADDRESS 15430 ENDEAVOUR DR. 15430 ENDEAVOUR DR. CITY-ST-7IP CITY-ST-7IP JUPITER FL 33478 JUPITER, FL 33478 TITLE X Delete TITLE MGRM ☐ Change [X] Addition NAME MAKEPEACE, CLAYTON NAME THE MARSHWOOD GROUP, LLC STREET ADDRESS STREET ADDRESS 386 WALKER ROAD 386 WLAKER ROAD CITY-ST-ZIP WAYNESVILLE NC 38786 CITY-ST-ZEP WAYNESVILLE NC 38786 ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 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.

CITY-ST-7IP

CITY-ST-ZIP

THILE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAM

☐ Delete

☐ Addition