2006 LIMITED LIABILITY COMPANY

Mar 01, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L05000014920** 03-01-2006 90226 036 ****50.00 1. Entity Name DIRTY SHIRTS GROUNDWORKS LLC Principal Place of Business Mailing Address 15437 71ST DR N 15437 71ST DR N PALM BEACH GARDENS, FL 33418-1940 PALM BEACH GARDENS, FL 33418-1940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number City & State City & State 20-2326679 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK INC Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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 reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 'Make check payable to ** Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MCRM ☐ Change ■ Addition TITLÉ ☐ Delete TITLE DAVID, JOHN M NAME NAME 15437 71ST DR N STREET ADDRESS STREET ADDRESS CITY-ST-ZIPA ... PALM BEACH GARDENS, FL 334181940 CITY-ST-7/P Change ■ Addition ☐ Delete TITLE TITLE SHIRTS, SHANNON R.W. NAME NAME STREET ADDRESS 15437 71ST DR N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 334181940 MGRM ☐ Delete TITLE ☐ Change ■ Addition O'NEILL-DAVIS, MAUREEN A NAME NAME 15437 71ST DR N STREET ADORESS STREET ADORESS PALM BEACH GARDENS, FL 334181940 CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete BILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADORESS 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 Chapter 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.

SOL.

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