2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 20, 2006 8:00 am Secretary of State **DOCUMENT # L05000018811** 04-06-2006 90295 039 ****50.00 **GOVÉRNMENT INITIATIVES, LLC** Principal Place of Business Mailing Address 4775 RUMMELL ROAD **4775 RUMMELL ROAD** ST. CLOUD, FL 34771 ST. CLOUD, FL 34771 39005**495** 2. Principal Place of Business 3. Mailing Address Sulte. Apt. #. etc. Suite, Apt. #, etc. 03302006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-3076683 Not Applicable Country Country \$5.00 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 HOEPKER, TODD M ESQ. Street Address (P.O. Box Number is Not Acceptable) 390 N, ORANGE AVE. SUITE 1800 ORLANDO, FL 32801 City 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 egent. SIGNATURE Street, speed or printed name operationed agent and title I applicable. (NOTE: Registered Agent signature required when reinstating) i . It mirrit Filing Fee in \$50,00 Due by May 1, 2006 Make check payable to Florida Department of State: MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR MLE Debete ☐ Change ■ Addition DUNNICK, LEE F NAME NAME STREET ADDRESS 4775 RUMMELL ROAD STREET ADDRESS 0111-SI-78 ST. CLOUD, FL. 34771 CSTY-ST-7P TILE Ochta TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY ST . 78 TITLE. Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-200 TITLE Detete TITLE ☐ Clame Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-20 CITY-ST-78 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CATY-ST-ZIP TITLE Delete TIDE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS (2079-57-70) CTTY-51-79

11. Thereby certify that the information supplied with this filling 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 ceth; 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.

FILED