2007 LIMITED LIABILITY COMPANY

Apr 20, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000059277** 04-20-2007 90031 003 ****55.00 BEAGLE INTERNATIONAL, LLC Mailing Address Principal Place of Business **20**008602 2926 28TH AVE. N 2926 28TH AVE. N ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State **NOT APPLICABLE** Not Applicable 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 Christopher Edgar Street Address (P.O. Box Number is Not Acceptable) EdAAR SADOWSKI, AMY A 9401 SUN ISLE DR. NE ST. PETERSBURG, FL. 33702 2926 28th Ave. N. CitySt. Petersbung 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bow in the State of Florida. I am familiar with, and accept the obligations of registered agent Christophen Edgine MGRM 4-18-07 SIGNATURE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR MGRM TITLE TITLE ☐ Delete Change ☐ Addition Edgar, Christophen R 2926 28th Ave. N. EDGAR, CHRISTOPHER R NAME NAME 2926 28TH AVE. N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33713 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. I hereby 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 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: Christopher Edgan
SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED