2006 LIMITED LIABILITY COMPANY

Mar 14, 2006 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # L05000060446** 03-14-2006 90203 016 ****50.00 LOSTUTTER LAW FIRM P.L. Principal Place of Business Mailing Address 1900 S. HARBOR CITY BLVD., STE. 339 1900 S. HARBOR CITY BLVD., STE. 339 MELBOURNE, FL 32901 MELBOURNE, FL 32901 Mailing Address Principal Place of Business POBOX Suite, Apt. #, etc. 02102006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For 20-3051106 Not Applicable \$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 CORPORATE CREATIONS NETWORK, INC. -11389 PROSPERITY FARMS ROAD #221E-PALM-BEACH GARDENS, FL 33410-8. The above named entity sobmits 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 TOMU/U Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition MGRM MGRM Change ☐ Delete TITLE TITLE OSTUTTER, GERALD LOSTUTTER, GERALD NAME NAME 1000 S. HARBOR CITY BLVD., STE. 939 STREET ADDRESS STREET ADDRESS ECUTIVE LA, STE. 120 CITY-ST-7IP MELBOURNE, FL 32901 CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not evalify 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.

ONING MANAGING MEMBER, MANAGER, OR AUTH

SIGNATURE AND TYPED OR

FILED