

SIGNATURE:

2006 FOR PROFIT CORPORAT OF ANNUAL REPORT

DOCUMENT # L41260 FILED 1. Entity Name ENDLESS SUMMER OF BREVARD, INC. 06 FEB 10 PM 2: 46 Principal Place of Business Mailing Address Sauriani Di STATE TALLAHASSEE, FLORIDA 133 LANSING ISLAND DRIVE 133 LANSING ISLAND DRIVE INDIAN HARBOR BEACH, FL 32937 INDIAN HARBOR BEACH, FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 CR2E034 (11/05) Cha-P City & State Applied For City & State 4. FEI Number 59-3110154 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BANEY, RICHARD'SR Street Address (P.O. Box Number is Not Acceptable) 133 LANSING ISLAND DRIVE INDIAN HARBOUR BEACH, FL 32937 City Zip Code FL 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. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Change Addition BANEY, RICHARD SR NAME NAME 000066555000 STREET ADDRESS 133 LANSING ISLAND DRIVE STREET ADDRESS 02/24/06--01014--007 **150.00 INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME BOHNE, HUGH NAME STREET ADDRESS 1649 PINEAPPLE DRIVE STREET ADDRESS CITY - ST - ZIP MELBOURNE, FL 32935 CITY-ST-7IP TITLE ST ☐ Delete TITLE ☐ Change ☐ Addition NAME BOHNE, JOHN NAME STREET ADDRESS 131 LANSING ISLAND DRIVE STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME BOHNE, KEVIN NAME STREET ADDRESS 7595 STEEPLECHASE DRIVE STREET ADDRESS CITY-ST-ZIF PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Runaro N. BANEY 2/2/26 JEI-T