2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2005 8:00 am Secretary of State **BOCOMENT # L52412** 05-02-2005 90447 026 ***150.00 1. Entity Name THOMPSON SERVICE STATION, INC. Mailing Address Principal Place of Business 2510 BROADWAY 2510 BROAD WAY WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 2. Principal Place of Business 6745 Lurais Drive 3. Mailing Address 6745 Lurais Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 04212005 Chg-P CR2E034 (10/03) City & State Lake Worth, FL Applied For City & State 4. FEI Number Lake Worth, FL65-0286796 Not Applicable Country \$8.75 Additional ^{Zip} 33463 33463 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, E.H. BreeyAddress (P.C. Box Number is Not Acceptable) 2510 BROADWAY WEST PALM BEACH, FL 33407 Lake Worth 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. OATE (NOTE: Registered Agent signature required when roinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change TITLE ☐ Addition ☐ Detete TITLE THOMPSON, EDMUND NAME NAME 6745 Lurais Drive 7201 MÌCHIGAN ISLE ROAD STREET ADDRESS STREET ADDRESS Lake Worth, FL 33463 WEST PALM BEACH, FL CITY-ST-ZP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete Change TIFLE TITLE ☐ Addition 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 ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 trustiff 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 appears, with all other like empowered. 561-304-4126 SIGNATURE: TED NAME OF SIGNING OFFICER OR DIRECTOR Daytme Phone

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