2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

FILED DOCUMENT # L63430 May 01, 2006 08:00 Al Secretary of State 1. Entity Name KING BETHUNE, INC. Principal Place of Business Mailing Address 7025 S ATLANTIC AVENUE **5 BRIAR MEADOW** NEW SYMRNA BEACH FL 32169 SCITUATE MA 02066 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3005845 Not Applicat Zip Country 7in 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 Name PETERSON, SID C., JR. 418 CANAL STREET Street Address (P O Box Number is Not Acceptable) NEW SMYRNA BEACH FL 32168 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 agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E-After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete HITLE Change ___ Additio NAME SHEA KING, DEIDRE NAME U00000553365 STREET ADDRESS STREET ADDRESS 5 BRIAR MEADOW CIR 05/15/06-80049-006 158.75 City - ST-7IP SCITUATE MA 02066 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Arti‴s NAME STICH, JOSEPH P NAME STREET ADDRESS 7025 SOUTH ATLANTIC AVE. STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH FL CITY-ST-ZIP Delete TITLE Change Addit. ST NAME NAME STICH, JENNIFER STREET ADDRESS 7025 S. ATLANTIC AVE. STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BCH. FL CITY-ST-ZIP TITLE ☐ Delete Сhange Addition. NAME KING, JOHN V.R. JR NAME STREET ADDRESS 7025 S ATLANTIC AVE STREET ADDRESS NEW SMYRNA BEACH FL 32169 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P TITLE Delete TITLE Change ☐ Additio 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 Section 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.