2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2007 08:00 AM DOCUMENT # L77011 **Secretary of State** 1. Entity Name UPDYKE, INC. Principal Place of Business Mailing Address 4535 22ND LANE VERO BCH FL 32966-2103 4535 22ND LANE VER BCH FL 32966-2103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For City & State 65-0205127 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FREEMAN, JANICE E 4535 22ND LANE Street Address (P.O. Box Number is Not Acceptable) VERO BCH FL 32966 City Zip Code FI 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 tale if applicable (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. PSTD HILE THE: Delete ☐ Change Addition FREEMAN, JANICE E NAME NAME 4535 22ND LANE STREET ADDRESS STREET ADDRESS 05/15/07-80069-017 150.00 VERO BEACH FL 32966-2103 CITY-SI-7IP CITY-ST-ZIP HILE Delete DIU: ☐ Change ☐ Addition MCINTYRE, KIMBERLY A NAME 1907 26 AVE. STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960 CITY: ST-7IP CHY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP Delete TITLE ☐ Change Add(tion) NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CHY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS City - ST-ZIP CITY-SI-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP

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SIGNATURE: Janice E. Breeman JANICE E. FREEMAN 4/27/09 172-569-2917

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 eath; 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