2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Feb 21, 2006 8:00 am **Secretary of State** DOCUMENT # M71718 1. Entity Name 02-21-2006 90028 020 ***150.00 LEGAL EASY, INC. Principal Place of Business Mailing Address 5279 EHRLICH ROAD 5279 EHRLICH ROAD TAMPA, FL 33624 TAMPA, FL 33624 3. Mailing Address 2. Principal Place of Business 3632 LAND O'LAKES BUD 3632 LANDO' LAKES BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. 02152006 Chg-P CR2E034 (11/05) Ste . 101 Ste.101 City & State City & State 4. FEI Number Applied For AND O' -AND O'LA-KES akes 59-2879331 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34639 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GORSLINE, GARY Street Address (P.O. Box Number is Not Acceptable) 3632 LAND O'LAKES BLVD 5279 EHRLICH ROAD change -> STE. 101 TAMPA, FL 33624 City AND O'L 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. e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE Change Addition TITLE NAME GORSLINE, GARY NAME 3632 LAND O'LAKES BLVD. STE 101 5502 GARDEN ARBOR DR STREET ADDRESS STREET ADDRESS LUTZ, FL 33558. CJTY-ST-7IP LANDO'LAKES, FL 34639 CITY-ST-ZIP ☐ Detete TITLE GORSLINE, MARY L NAME NAME 3632 LAND O' LAKES BLVD. STE 101 5502 CARDEN ARBOR DR STREET ADDRESS STREET ADDRESS LUTZ FL 33558 CITY-ST-ZIP CITY-ST-ZIE LAND O' LAKES FL 34639 Delete TITLE ☐ Change ☐ .iddition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZiP ☐ Channe ☐ Addition ☐ Delete TITLE TITLE 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-7IP CITY-ST-ZIP 12. Thereby 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 in the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the receiver of trustee empowered to execute the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver of t

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required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if