FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 31, 2002 8:00 am DOCUMENT # N0100003682 Secretary of State 1. Entity Name 02-26-2002 90078 028 ****61.25 THE NINNY FOUNDATION, INC. 03-31-2002 90360 011 *****8.75 Principal Place of Business Mailing Address 2 MISTY WATER LN 2 MISTY WATER LN MARY ESTHER FL 32569 MARY ESTHER FL 32569 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Act. #. etc. FEI Number 59-3725 811 City & State Applied For City & State Not Applicable Country Ζip \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUITART, MICHAEL IV 2 MISTY WATER LN MARY ESTHER FL 32569 City The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Plorida. 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/01) X Addition TITLE ☐ Delete TITLE GUITART, MICHAEL IV NAME NAME CH2E037 STREET ADDRESS 2 MISTY WATER LN STREET ADDRESS CITY-ST-ZIP MARY ESTHER FL 32569 CITY-ST-ZIP Chance Addition ☐ Delete TITLE πιε GUITÁŘT, MARGARITA V NAME NAME 2 MISTY WATER LN STREET ADDRESS STREET ADDRESS CITY-ST:ZÎP ~ MARY ESTHER FL 32569 CITY - ST-ZIP Delete **Addition** TITLE ☐ Change TITLE NAME . = NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.

SIGNATURE: