2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 26, 2006 8:00 am Secretary of State

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ANNUAL REPORT

SIGNATURE:

DOCUMENT # N03000001090 1. Entity Name AMERICA AT HOME, INC. 40065300r Principal Place of Business Mailing Address 2950 W. CYPRESS CREEK RD. 2950 W. CYPRESS CREEK RD. SUITE 300 SUITE 300 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222006 Chg-NP CR2F037 (11/05) City & State Applied For City & State 4. FEI Number 57-1149938 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARCUS, STEPHEN FINANCIAL SOLUTIONS TOWER Street Address (P.O. Box Number is Not Acceptable) 2950 W. CYPRESS CREEK RD., STE. 300 FT. LAUDERDALE, FL 33309 City Zip Code FL 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. Ham familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARCUS, STEPHEN NAME NAME 2950 W CYPRESS CREEK RD, STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP Delete TITLE TITLE Change Addition BANYRS, JOHN NAME NAME 29250 W CYPRESS CREEK RD, #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CARNOTO, RENE O NAME NAME 2950 W CYPRESS CREEK RD, STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY - ST- ZIP THILE ☐ Defete TITLE ☐ Change ■ Addition NAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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 truston 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.