2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2006 8:00 am Secretary of State

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| Secretary of |
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| 3639 PASEO NAVARRA WEST PALM BEACH, FL 33405 2. Principal Place of Business 3 639 PASEO NAVARRA Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State Country 2 D 3 A405 Country 3 3405 City & State City & State Country 3 3405 City & State City FL Zip Code KUHARCIK, JOSEPH 1211 THE PLAZA Singer IslaND, FL 33404 City FL Zip Code City FL Zi | RPORATED | ons, | | |
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| Suite, Apt. #, etc. Suite, Ap | ASEO NAVARRA PO-BOX 6845 | | | ouu19621 |
| Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. | ' | | | |
| WEST PALM BEACH, FL 59-2670372 Not Application Not Applica | , Apt. #, etc. Suite, Apt. #, | etc. | 05032006 Chg-NP | CR2E037 (4/06) |
| Country Zip 33405 Country U.S.A. S. Certificate of Status Desired S.8.75 Additional Fee Required | | LM BEACH, FL | | Applied For Not Applicabl |
| ## City ## Land Street Address of New Registered Agent Name Name Name Name | Country Zip 33405 | | 5. Certificate of Status Desire | s8.75 Additional |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Ci | 6. Name and Address of Current Registered Agent | | 7. Name and Address of New | |
| Street Address (P.O. Box Number is Not Acceptable) City | DOLL TOSEBRI | Name | | · · · · · · · · · · · · · · · · · · · |
| 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 act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if apolicable. (NOTE: Registered Agent algoreture required when rematating) DATE | THE PLAZA | Street Address | (P.O. Box Number is Not Accepta | able) |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent algorithm required when rematating) DATE | | City | | Zip Code |
| Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD NAME BRYAN, JOHN STREET ADDRESS CITY-ST-ZIP VPSD VPALM BCH, FL TITLE VPSD VILL, KUHARCIK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 TITLE VTD NAME MARION, NICHOLS STREET ADDRESS STREET ADDR | bilgations of registered agent. | | | f Florida. I am familiar with, and accep |
| TITLE NAME BRYAN, JOHN STREET ADDRESS CITY-ST-ZIP VPSD VILL, KUHARCIK STREET ADDRESS CITY-ST-ZIP VTD NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE VTD NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE VTD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE VS NAME RHONDA WILLIAMS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 TITLE VTD NAME NAME MARION, NICHOLS STREET ADDRESS STREET | _ | | | |
| NAME BRYAN, JOHN STREET ADDRESS CITY-ST-ZPP W PALM BCH, FL TITLE VPSD IX Delete TITLE VPSD IX Delete NAME RHONDA WILLIAMS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 TITLE VTD ITTLE VTD NAME MARION, NICHOLS STREET ADDRESS TREET ADDRESS STREET | OFFICERS AND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 10 |
| NAME STREET ADDRESS 5639 HIGH FLYER ROAD SOUTH CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 TITLE VTD NAME MARION, NICHOLS STREET ADDRESS TREET A | BRYAN, JOHN 3639 PASSEO NAVARRA | NAME STREET ADDRESS | | ☐ Change ☐ Additio |
| NAME MARION, NICHOLS STREET ADDRESS MARION, NICHOLS STREET ADDRESS MARION, NICHOLS STREET ADDRESS MARION, NICHOLS MARION, MARION, MICHOLS MARION, MIC | JILL, KUHARCIK 986SS 5639 HIGH FLYER ROAD SOUTH | NAME RI- STREET ADDRESS 22 | HONDA WILLIAMS 21 BLACKBIRD LANE | ☑ Change [] Additio |
| CITY-ST-ZIP GLENRIDGE, FL 33406 CITY-ST-ZIP WEST PALM BEACH, FL 33415 | MARION, NICHOLS 4090 GEM LAKE DRIVE | NAME IN | - MOGENE OWEN 328 DUDLEY DRIVE : | EAST |
| | DRESS | elete TITLE NAME STREET ADDRESS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Change CHANGE CITY-ST-ZIP | | NAME STREET ADDRESS | | ☐ Change ☐ Additio |
| TITLE Delete TITLE Change A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <td></td> <td></td> <td></td> <td></td> | | | | |

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under dath; that I am an officer or diffector 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: