Holle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: /

Apr 17, 2006 8:00 am Secretary of State 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT 04-17-2006 90366 008 ****61.25 DOCUMENT # N22047 1. Entity Name THIRD PARTY REGISTRATIONS, INC. Principal Place of Business Mailing Address 40050669 800 TRAFALGAR P.O. BOX 948153 **SUITE 200** MAITLAND, FL 32794 MAITLAND, FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04132006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-2840325 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOTTS, DANIEL A Street Address (P.O. Box Number is Not Acceptable) 800 TRAFALGAR COURT SUITE 200 MAITLAND, FL 32751 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. I am familiar with, and accept the obligations of registered agent.

FILED

Applied For

Not Applicable

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Filing Fee is \$61.25 Due by May 1, 2006		aign Financing atribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND	OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOTTS, DANEL A 800 TRAFALGAR COURT, SUITE 200 MAITLAND, FL 32751	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mac Carraway 800 Trafalgar Maitland, FL 3	Ct., Suite	□ Change 200	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAIR, ALAN E 800 TRAFALGAR COURT, SUITE 200 MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melvin L. Kyle 800 Trafalgar Maitland, FL 3	Ct., Suite	☐ Change 200	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNGS, THOMAS L 6161 JONES AVE ZELLWOOD, FL 32798	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wesley Roan 800 Trafalgar	Ct., Suite	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AERTS, MICHAEL J 800 TRAFALGAR COURTS, SUITE 200 MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maitland, FL 3	2751	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BEASLEY, LARRY E 1975 W STATE ROAD. 426 OVIEDO, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP JOHNSON, ROBERT R P.Ö. BOX 867 MOUNT DORA, FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change •	☐ Addition
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 depicer 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.							

Daniel A. Botts

4/14/06

Date

321-214-5200

Daytime Phone #