2007 NOT-FOR-PROFIT CORPORATION

Apr 30, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N98000000454 04-30-2007 90382 003 ****61.25 PENSACOLA SENIOR FOLLIES, INC. Principal Place of Business Mailing Address 1600 VIA DE LUNA P.O. BOX 88 E-108 GULF BREEZE, FL 32562-2250 US PENSACOLA BEACH, FL 32561-2250 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3410 CARL Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-NP CR2E037 (12/06) ensaco City & State 4. FEI Number 59-3487667 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ÜSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kenneth LURK TURK, KENNETH Street Address (P.O. Box Number is Not Acceptable) 1600 VIA DE LUNA E-108 PENSACOLA BEACH, FL 32561-2250 ARLOTA ST. ciyPe Zip Code nsaco 32503 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Trust Fund Contribution. Due by May 1, 2007 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change Addition URK, KENHETH TURK, KENNETH NAME NAME 3410 CARLOTA ST. STREET ADDRESS 1600 VIA DE LUNA STREET ADDRESS PENSACOLA BEACH, FL 325612250 32503 CITY-ST-7IP CITY-ST-ZIP PENSACOLA Fl. VPD VPDTURK CAROLYNN ORESS 3410 CARLOTA ST. TITLE ☐ Delete TITLE TURK, CAROLYNN NAME NAME STREET ADDRESS 1600 VIA DE LUNA E 108 STREET ADDRESS Pensacola, 7L. 32503 SD KREIGER, TRACES Change Addition 9912 HIARLINGTON ST. CITY-ST-ZIP PENSACOLA BEACH, FL 32561 CITY-ST-ZIP TITLE ☐ Delete TITLE NEALE, TRACEY NAME NAME STREET ADDRESS 2288 BALBOA COURT STREET ADDRESS CANTON MENT FL. 32533 CITY-ST-7IP NAVARRE, FL 32566 CITY-ST-ZIP Durancy Bowman TRUE TD Delete TITLE LEE, CAROLYN NAME NAME 9003 EL MATADOR Place 1714 E DE SOTO ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P TITLE □ Delete TITLE ☐ Change ■ Addition NAME NAME

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 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.

STREET ADDRESS

CITY+ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

S. Bowman /reas SIGNATURE: REJOID TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR