2001 UNIFORM BUSINESS REPORT (UBR) May 12, 2001 8:00 am Secretary of State DOCUMENT # N9900006088 1. Entity Name SOUL ENDEAVOR, INC. 05-12-2001 90041 018 ****61.25 Principal Place of Business Mailing Address 5770 DOLPHIN DRIVE 5770 DOLPHIN DRIVE ORLANDO FL 32822 ORLANDO FL 32822 US US 2. Principal Place of Business 2946 Plaza Terrac 3. Mailing Address 2976 Plaza Terrace Dr 2976 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Tando 59-3603018 Not Applicable **\$8.75** Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, MAEDA L 5770 DOLPHIN DRIVE ORLANDO FL 32822 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 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE Maedas JONES, MAEDA L NAME NAME adaress 2976 Plaza Terrace Dr. STREET ADDRESS 5752 GRAND CANYON DRIVE STREET ADDRESS Orlando, FL 32803 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 Change ☐ Addition ☐ Delete TITLE TITLE TANNER, ANNE NAME NAME STREET ADDRESS 5770 DOLPHIN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 Delete Change ☐ Addition TITLE TITLE MATENGE, INGRID NAME NAME STREET ADDRESS 2854 N POWERS DRIVE 104 STREET ADDRESS 3279a CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing 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.

TRE RALIBERATED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/3/01 (40+) 890-7/89 Date Daytime Phone #