2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 21, 2006 8:00 am Secretary of State

03-21-2006 90044 022 ***158.75 DOCUMENT # P0000000844 OFFICE INVESTORS, INC. Principal Place of Business Mailing Address 50004005 321 EAST HILLSBORO BLVD. 321 EAST HILLSBORO BLVD. HILLSBORO BEACH, FL 33441 HILLSBORO BEACH, FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232006 CR2E034 (11/05) City & State City & State Applied For 4. FEL Number 65-0970625 Not Applicable 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 STOTZER, TED Street Address (P.O. Box Number is Not Acceptable) 321 EAST HILLSBORO BLVD. HILLSBORO BEACH, FL 33441 City FL Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET, BRIAN 321 E. HILLSBORO BLVD. STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33441 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HENNESSEY, TIMOTHY NAME NAME STREET ADDRESS 321 E. HILLSBORO BLVD. STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐☐ Channe ☐ Addition NAME COHEN, JAMES H NAME STREET ADDRESS 321 E. HILLSBORO BLVD. STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP ☐ Delete TITLE TITE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete ☐ Addition TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an add/sss, with all other like empowered.

SIGNATURE: _

SIGNATURE AND

Daytime Phone #

Date