2005 FOR PROFIT CORPORATION

Apr 20, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-20-2005 90354 031 ***158.75 **DOCUMENT # P00000013581** 1. Entity Name OTTOMAN ENTERPRISES, INC. Principal Place of Business Mailing Address 50040920 11300 US HIGHWAY 1 11300 US HIGHWAY 1 SUITE 205 SUITE 205 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address 2401 PGA Boulevard 2401 PGA Boulevard Suite, Apt. #, etc. Suite 148 Suite Apt. #.etc. Suite 148 03032005 Chg-P CB2E034 (10/03) City & State Palm Beach Gardens City & State Palm Beach Gardens 4. FEI Number Applied For 65-0991670 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33410 FL 33410 USA FLUSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent . Name FRICKER, H. MAX Street Address (P.O. Box Number is Not Acceptable) **11300 US HIGHWAY 1** SUITE 203 NORTH PALM BEACH, FL 33408 2401 PGA Boulevard, Suite 148 Pa**l**m Beach Gardens, 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. 4/8/05 FRICKER, H. MAS Signature, typed or printed name of registered agent and title if (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITEF Delete TITLE Change NAME JACOBS, OTTOKAR NAME STREET ADDRESS 11300 US HIGHWAY 1, SUITE 205 STREET ADDRESS 2401 PGA Boulevard, Suite 148 CITY-ST-ZIP NORTH PALM BEACH, FL. 33408 CITY-ST-71P Palm Beach Gardens, FL 33410 D TITLE ☐ Deleta TITLE Change ☐ Addition FRICKER, H. MAX NAME NAME 2401 PGA Boulevard, Suite 148 Palm Beach Gardens, FL 33410 STREET ADDRESS 11300 US HIGHWAY 1, SUITE 203 STREET ADDRESS CITY-ST-709 NORTH PALM BEACH, FL 33408 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-SI-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 607, 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.

≠H. Max Fricker, D

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05

(561) 625-1005

Oate

Daytime Phone #

FILED