2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # P00000014307 1. Entity Name STAY WITH US, INC. Principal Place of Business Mailing Address 3104 SARATOGA DRIVE 1970 EAST OSCEOLA PARKWAY #344 KISSIMMEE, FL 34743 KISSIMMEE, FL 34743 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 01202005 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3623947 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 Nama FREEMAN, NICOLETTE J Street Address (P.O. Box Number is Not Acceptable) 3104 SARATOGA DRIVE KISSIMMEE, FL 34743 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE Change ☐ Addition NAME FREEMAN, BRIAN R NAME STREET ADDRESS 3104 SARATOGA DRIVE STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34743 CITY-ST-ZIP VTD TITLE Delele Change ☐ Addition NAME FREEMAN, NICOLETTE J NAME STREET ADDRESS 3104 SARATOGA DRIVE STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34743 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME U000000347835 STREET ADDRESS STREET ADDRESS 05/02/05-80001-002 150.00 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(1). 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 507, 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.

BRIAN FREEMAN

FILED