FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 14, 2001 8:00 am DOCUMENT # P000000 38887 / Secretary of State SPG Executive Search, Inc. 05-14-2001 90248 023 ***150.00 Principal Place of Business Mailing Address 6276 Lansdowne Circle Boynton Beach, FL 33437 A0065929 2. Principal Place of Business 3. Mailing Address 676 Cansdowne Circle 6276 Lansdowne Circle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Boynton Beach 65-09 DOUNTON Not Applicable \$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 Xuna Bornsian 6276 Lansdowne Circle Street Address (P.O. Box Number is Not Acceptable) BOYNTON BEACH, FL 33437 City Zip Code FL 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. 4-25-2001 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001, Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE President Xuna Bonskin NAME NAME 6276 Lansdowne Circle STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Junton Beach, FC 33437 TITLE cretary of Treasurer TILE ☐ Change ☐ Addition Allen Bornskin 6276 lansdowne Circle NAME NAME STREET ADDRESS STREET ADDRESS Boynton Beach, FC 33437 CITY-ST-7IP CITY-ST-ZIF TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP Oelete ☐ Chance M Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR