2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 02, 2006 8:00 am Secretary of State DOCUMENT # P00000043662 05-02-2006 90144 012 ***150.00 1. Entity Name NUTSHELL OFFICE PRODUCTIONS, INCORPORATED Principal Place of Business Mailing Address 14201 SW 83RD AVE 14201 SW 83RD AVE CR2E034 (10/05) 1st MOORE Applied For 65-1008625 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOLFSON, DAVID A 14201 SW.83 AVE. **MIAMI FL 33158** 8. The above named antity 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 ed age SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME WOLFSON, DAVID A NAME STREET ADDRESS 14201 SW 83 AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33158 CITY-ST-ZIP Delete □ Change Addition NAME MCCLEAN-WOLFSON, MARTHA L NAME STREET ADDRESS 14201 SW 83 AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33158 CITY-ST-78P – 🔲 Delete TITLE HILE Change Addition Addition NAME NAME MCCLEAN, J. PORTER STREET ADDRESS 14201 SW 83 AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33158 TITLE Delete TITLE Change ☐ Addition MCCLEAN, JUANITA NAME NAME 14201 SW 83 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL 33158 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED