2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 12, 2006 8:00 am **Secretary of State DOCUMENT # P00000059374** 1. Entity Name 01-12-2006 90199 004 ***150.00 EGIS ENTERPRISES, INC. Principal Place of Business Mailing Address 5063 LACOSTA ISLAND CT 5063 LACOSTA ISLAND CT **PUNTA GORDA, FL 33950** PUNTA GORDA, FL 33950 2. Principal Place of Business 3. Mailing Address 23623 VIA CARINO LANE 23623 UIA CARINO LANE Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For BONITA SPRINGS BONITA SPRINGS, EL 58-1943868 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34135 LEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -YATES, BRUCE A Street Address (P.O. Box Number Is Not Acceptable) 5063 LACOSTA ISLAND CT PUNTA GORDA, FL 33950 23623 VIA CARINO LANE 習ONITA SPRINGS 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 cripted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. \Box Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete M Change YATES, BRUCE A NAME 23623 UIA CARINO LANE STREET ADORESS STREET ADDRESS 5063 LACOSTA ISLAND CT CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP BONITA SPRINGS, FL 34135 Oelete TITLE XI Change ☐ Addition YATES, SHARON A NAME NAME 5063 LACOSTA ISLAND CT STREET ADORESS 23623 VIA CARINO LANE STREET ADDRESS CITY-ST-7P PUNTA GORDA, FL 33950 CITY-ST-7/P BONITA SPRINGS, FL 34135 Delete TITLE ☐ Change ■ Addition TITLE NAME KETELSEN, JENNIFER L NAME STREET ADDRESS 11707 GOSHEN AVE # 6 STREET ADDRESS CITY-ST-ZIP - -BRENTWOOD, CA 90049 CITY-ST-ZIP TITLE ΠTΓF Delete Change ☐ Addition BOUKNIGHT, KRISTEN L NAME NAME STREET ADDRESS 5230 CHESWICK PLACE STREET ADDRESS 5230 CHESTWICK PLACE CUMMING, GA 30040 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-57-7IP CITY-51-712 12. I hereby certify that the information supplied with this filing 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 empty erector 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 a

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