2006 FOR PROFIT CORPORATION

Mar 08, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P00000064081** 03-08-2006 90187 041 ***150.00 1. Entity Name DOLBY DECKING, INC. Principal Place of Business Mailing Address 4262 PRALRIE VIEW DR S 4262 PRALRIE VIEW DR S SARASOTA, FL 34232 SARASOTA, FL 34232 50001384 2. Principal Place of Business Mailing Address 602 13CH E. 602 135th Suite, Apt. #, etc. Suite, Apt. #, etc. 02232006 Chg-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 65-1048767 Not Applicable Brade Bradenton Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 34212 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOLBY, GREG Street Address (P.O. Box Number is Not Acceptable) 4262 PRAIRIE VIEW DR S SARASOTA, FL 34232 Zip Code Bradenton 34212 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 -2-21.06 SIGNATURE. Signature, typed or ered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 4 Change ☐ Addition ☐ Delete TITLE TIT! F NAME DOLBY, GREGORY W 602 135th St.E. STREET ADDRESS 4262 PRAIRIE VIEW DR S STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA, FL 34232 ☐ Delete TiTLE ☐ Addition TITLE DOLBY, NANETTE W NAME NAME 602 135th St.E. STREET ADDRESS 4262 PRAIRIE VIEW DR S STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP

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 trusted 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 laddyss, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED