2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 01, 2005 8:00 am DOCUMÊÑT*# P00000087799 **Secretary of State** 1. Entity Name 02-01-2005 90041 008 ***150.00 ASCUNNINGHAM'S, INC. Principal Place of Business Mailing Address 3949 MELALEUCA LN. LAKE WORTH FL 33461-5154 CPOUUUUA PO BOX 741923 BOYNTON BEACH FL 33474-1923 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1040332 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 MCGOEY, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 639 E. OCEAN AVE., SUITE 101 BOYNTON BEACH FL 33435 City 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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TATLE ☐ Delete TITLE Change CONDINGHAM, ALEXS, Change 3949 Melaleuxa Lu; Lake Wooth, FL 33461-5154 ☐ Addition CUNNINGHAM, ALEX S NAME NAME STREET ADDRESS 2201 16TH WAY NW #474 STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-7IP CUNNINGHAM, TESESAL. SCHAM 3949 Melalenca Lui Lake Worth, FL 33461-5154 TITLE ☐ Delete TITLE CUNNINGHAM, TERESA L NAME NAME STREET ADDRESS 2201 16TH WAY NW #474 STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THTLE TITLE ☐ Delete ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Defete Title ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: