SIGNATURE:

FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State DOCUMENT # P00000087858 1. Entity Name 05-13-2002 90259 039 ***150.00 CADD PLUS, INC. Principal Place of Business Mailing Address 2404 RUTH HENTZ AVE UNIT C 2404 RUTH HENTZ AVE UNIT C PANAMA CITY FL 32405 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address 17214 PANAMA CITY BEACH PKLY 17214 PANAMA CITY BEACH PKWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State BEACH 4. FEI Number Applied For 59-3672346 PANAMA: CITY / FLORIDA PANAMA CITY BEACH FLOPIDA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П 32413 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARROLL MICHAEL CARROLL, MICHAEL Street Address (P.O. Box Number is Not Acceptable) -2404 RUTH HENTZ AVE UNIT C --PANAMA CITY FL 32405 ^ૡઽઽ૾ૺૺૺૺૺૺૺઌ*ૺ* 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. SIGNATURE MICHAEL CAPROLL Signature, typed or printed name of registered agent and title if applicable e required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT CR2E034 (9/01 TITLE □ Delete TITLE Change ☐ Addition MICHAEL CARPOLL NAME CARROLL, MICHAEL NAME 6604 LANCE ST STREET ADDRESS STREET ADDRESS 2404 RUTH HENTZ AVE UNIT C FWRIDA 32404 PANAMA CITY CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE _ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.