2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Secretary of State DOCUMENT# P00000091971 02-27-2006 90082 036 ***150.00 LAW OFFICE OF JOSEPH LOMBARDO, JR., P.A. Principal Place of Business Mailing Address 3872-D TAMIAMI TRAIL 3872-D TAMIAMI TRAIL PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 2. Principal Place of Business 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For 65-1043180 Not Applicable \$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 Name LOMBARDO, JOSEPH JR. 3872-D TAMIAMI TRAIL PORT CHARLOTTE FL 33952 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. the obligations of SIGNATURE (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 PSTD TITLE ☐ Defete ☐ Addition NAME LOMBARDO, JOSEPH JR. NAME STREET ADDRESS 3872-D TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PORT CHARLOTTE FL 33952 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 if changed, or on an attack Pent with an address, with all

FILED

Feb 27, 2006 8:00 am