2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P00000093110 1. Entity Name FIRST MUTUAL FUNDING, INC. 04-17-2001 90061 039 ***150.00 Principal Place of Business Mailing Address 4739 NW 4TH COURT 4739 NW 4TH COURT PLANTATION FL 33317 PLANTATION FL 33317 UTILLA 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite -Applied For 4. FEI Number City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, DUNBAR Street Address (P.O. Box Number is Not Acceptable) 4739 NW 4TH COURT PLANTATION FL 33317 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Imangiole FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITLE WRIGHT, PRINCESS NAME NAME STREET ADDRESS 4739 NW 4TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 Delete Addition ☐ Change TITLE TITLE MORRISON, RUAL NÀME NAME 2221 SOUTH SHERMAN CIRCLE #308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAAMAR FL 33025 CITY-ST-ZIP Addition Delete TITLE Change TITLE KAY MCKAY 260 S.W. GOTH AVE NAME NAME STREET ADDRESS STREET ADDRESS MARCATE, 12 3008 CITY-ST-ZIP CITY-ST-ZIP TREASURER Change Addition TITLE ☐ Delete TITLE NAME DUNBAR WRIGHT NAME 4739 NW 44 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION, ☐ Change Addition TITLE ☐ Delete TITLE BALBARA SHAW NAME NAME 16200 N.S. STREET ADDRESS STREET ADDRESS N. MAM CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 life empowered. SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR