2006 FOR PROFIT CORPORATION

ANNUAL REPORT 04-27-2006 90200 022 ***150.00 DOCUMENT # P00000100007 1. Entity Name THE COLDWATER COMPANY OF DESTIN, INC. yvv~ Principal Place of Business Mailing Address 36468 EMERALD COAST PARKWAY, SUITE 1010 36468 EMERALD COAST PARKWAY, SUITE 1010 10101 10101 DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address 36468 Emerald Coast Pkw 36468 Emerald Coast Pkwy Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E034 (11/05) Chg-P 10101 10101 Applied For City & State City & State 4. FEI Number 59-3697404 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 Name GWIN, CURTIS H Street Address (P.O. Box Number is Not Acceptable) 36468 EMERALD COAST PARKWAY, SUITE 1010 10101 DESTIN, FL 32541 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change ■ Addition TITLE GWIN, CURTIS H NAME NAME STREET ADDRESS 36468 EMERALD COAST PKWY STE 10101 STREET ADDRESS DESTIN, FL 32541 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Ch ☐ Addition SHOULTS, H. RAY NAME NAME 36468 Emerald Coast Play, Suite 10101 STREET ADDRESS 36468 EMERALD COAST PKWY STE 10102 STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP Delete TITLE THLE ☐ 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 trustee empowered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or truste changed, or on an attachment with an a

TITLE

NAME

STREET ADDRESS

CITY - ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

FILED Apr 27, 2006 8:00 am Secretary of State