2006 FOR PROFIT CORPORATION

Mar 13, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P00000115548 03-13-2006 90060 028 ***150.00 COPY CENTER OF ORANGE PARK INC. Principal Place of Business Mailing Address 2177 KINGSLEY AVE. UNIT 3 2177 KINGSLEY AVE. UNIT 3 ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3689335 Not Applicable Country 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 HEIMBACH, TIMOTHY MOTHY Street Address (P.O. Box Number is Not Acceptable 2177 KINGSLEY AVE, UNIT # 3 **ORANGE PARK, FL 32073** Zip Code 3ェクフ3 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 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE Delete TELLE ☐ Change ■ Addition NAME DANIELS, STEVEN R NAME 2177 KINGSLEY AVE, UNIT 11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-71P TITLE □ Delete TITLE ☐ Change ☐ Addition **HEIMBACH, TIMOTHY** NAME NAME STREET ADDRESS 2177 KINGSLEY AVE. UNIT 3 STREET ADDRESS CITY-ST-7IP ORANGE PARK, FL 32073 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 MILE ☐ 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 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 affect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute thip 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 abother like empowered.

Timothy LEE Heimback 3-10-06 904 272-8939