FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 24, 2003 8:00 am Secretary of State P01000000508 **DOCUMENT#** 04-24-2003 90188 038 ***150.00 1. Entity Name XTRA DINNER CARD, INC. Principal Place of Business Mailing Address 102 COLUMBIA DRIVE 102 COLUMBIA_DRIVE SUITE 108 SUITE 198 CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 2. Principal Place of Business 3. Mailing Address P. O. Box 433 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For NOT APPLICABLE ape Canaveral Florida Not Applicable Sountry 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 Makepeace PANA MAKEPEACE, DANA Street Address (P.O. Box Number is Not Acceptable) 102 COLUMBIA DRIVE Wynbin SUITE 108 DAPE CANAVERAL FL 32920 Citype Canaveral 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 age (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition MAKEPEACE, DANA NAME NAME Makepeace, Dang 105 Columbia Drive 102 COLUMBIA DRIVE, SUITE 108 STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL 32920 CITY-ST-ZIP CITY-ST-ZIP Cape Canavard, Florida TITLE ☐ Delete TITLE 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. **SIGNATURE**