2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000003516 Jan 31, 2007 08:00 AM 1. Entity Name **Secretary of State** STEVEN D. ROWE, P.A. ATTORNEY AT LAW Principal Place of Business Mailing Address 1545 SE 14TH STREET DEERFIELD BEACH FL 33441 1545 SE 14TH STREET DEERFIELD BEACH FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 65-1070069 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROWE, STEVEN D Street Address (P.O. Box Number is Not Acceptable) C/O SUNEX INTERNATIONAL, INC. 1401 GREEN ROAD, SUITE I POMPANO BEACH FL 33064 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice 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 (applicable (NOTE: Registered Agent signature required when reinstitling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. HHE. Change Addition Delete THILE ROWE, STEVEN D NAME NAME **1545 E 14TH STREET** STOLLT ADDRESS STREET ADDRESS .000000612064 .02/02/07-80090-01 **DEERFIELD BEACH FL 33441** CHY-S1-7IP CHY-ST-7IP 150.00 шп Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CDY-SI-7IP Addition ☐ Change DRE ☐ Delete 11111 NAMI NAM STOFF LADORUSS STREET ADDRESS CHY-ST-7IP CHY-S1-ZIP Change ☐ Addition ☐ Delete NAMI NAMI STREET ADDRESS STRUCT ADDRESS CHY-ST ZIE CITY-ST-7IP Delete Change ■ Addition HILL mie NAME. NAMI STORET ADDRESS SIDELL ADDRESS CITY-ST-7IP CHY-ST-7/P шш ☐ Delete MEE Change Addition NAMI: NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos. 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 eath, 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 Statutos; 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.

NG OFFICER OR DIRECTOR

SIGNATURE

FILED