2004 FOR PROFIT CORPORATION

SIGNATURE:

Apr 23, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P01000016721 1. Entity Name 04-23-2004 90190 022 ***150.00 SPUNKY LEATHER, INC. Principal Place of Business Mailing Address 1000 NE 43BE COURT 1000 NE 43BD-COURT 14006495 STUDIO F OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 3. Mailing Address Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For 65-1084652 Not Applicable Country Zip \$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 WHITTAKER, DAVID 1799 NE 49 CT POMPÁNO BEACH FL 33064 ging its registered office or registered agent, or both, in the State of Florida. I am far 8. The above named entity submits this statement for the p the obligations tered age SIGNATUR (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. WHITTAKER DAVID ☐ Addition TITLE TITLE Delete 1131 NE 25th AVE WHITTAKER, DAVID NAME 1799 NE 49 CT STREET ADDRESS STREET ADDRESS Abmano Beach FL 330 POMPANO BEACH FL 33064 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITL 5 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-2IF ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 in the corporation of 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 in the corporation of the receiver of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of the report as required by Chapter 607, Florida Statutes; and the receiver of the report as required by Chapter 607, Florida Statutes and the receiver of the report of changed, or on an affact

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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