2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2006 8:00 am Secretary of State **DOCUMENT # P01000027754** 04-28-2006 90196 031 ***150.00 NORBERT ASSOCIATES INC Principal Place of Business Mailing Address 547 MATILDA PLACE 547 MATILDA PLACE 60030344 LONGWOOD, FL 32750 LONGWOOD, FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3709699 Not Applicable 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 ugenT, NUGENT, ROBERT O Street Address (P.O. Box Number is Not Acceptable) 1041 HUNTINGTON CT LONGWOOD, FL 32750 547 Matilda Place Zip Code ろとつら -009W00d 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 1 cent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D ☐ Delete MLE TITLE ☐ Change ■ Addition NUGENT, ROBERT O NAME NAME 547 MATILDA PLACE STREET ADDRESS STREET ADDRESS LONGWOOD, FL 32750 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Detete TITE F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 truster appropried 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 garaddress, with all other like empowered. 4/25/06 SIGNATURE: SIGNATURE AND TYPED OF PICKYED HAME OF SIGNING OFFICER OR DIRECTOR

FILED