2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Apr 24, 2006 8:00 am DOCUMENT # P01000035392 Secretary of State 1. Entity Name : 04-24-2006 90462 045 ***150.00 8040, INC. Principal Place of Business Mailing Address 712 NIDA DR. MELBOURNE FL 32935 712 NIDA DR. MELBOURNE FL 32935 2. Principal Place of Business 7/2 Vida 3. Mailing Address 712 Willa 100 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State Applied For 4. FEI Number 65-1093165 Melbour Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Brown Bres 32935 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dougles ANTHONY, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 712 NIDA DR MELBOURNE FL 32935 3 2131 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 Signature, typed or printed name of registered agent and title it applicable (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, 2006 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 TITLE ☐ Delete TITLE ☐ Addition Change NAME DOUGLAS, ANTHONY NAME STREET ADDRESS 712 NIDA AVENUE STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32935 CITY-ST-ZIP Delete Richard Mckerer Denange TITLE TITLE Addition NAME NAME 7/2 Nida pr COTE, HENRY STREET ADDRESS 1270 WICKHAM RD, SUITE 16-214 STREET ADDRESS Melborne PL 32578 CITY-ST-ZIP MELBOURNE FL 32935 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME DOUGLAS, ANTHONY NAME STREET ADDRESS STREET ADDRESS 712 NIDA AVENUE CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Defete TITLE ☐ Change 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 exemptions contained in Section 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 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: `

FILED

Daytime Phone #