2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2006 08:00 AM Secretary of State DOCUMENT # P01000042462 1. Entity Name TERRY SADOWSKI & ASSOCIATES, INC. Principal Place of Business Mailing Address 2900 S.R. 13 N 2900 S.R. 13 N JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32259 2. Principal Place of Business 3. Mailing Address Suite. 🖍 🐇#, etc. Suite, Apt #, etc. 04112006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3714002 Not Applicable Zip Zio Country 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 Name SADOWSKI, TERRY Street Address (P.O. Box Number is Not Acceptable) 2900 SR. 13 N JACKSONVILLE, FL 32259 Zip Code City 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 if applicable (NOTE, Registered Agent signature required when reinstating) TT4C 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Change ☐ Addition SADOWSKI, TERRY NAME NAME U00000520854 STREET ADDRESS 2900 S.R. 13 N STREET ADDRESS 05/02/06-80109-013 150.00 CITY-ST-ZIP JACKSONVILLE, FL 32259 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Defete TITLE Change T ☐ Addition 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 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 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

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