2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90162 012 ***150.00

DOCUMENT # P01000046338

1. Entity Name
905 OPA LOCKA BLVD. NO. 1, INC.

Principal Place of Business	Mailing Address
~~517 SW FIRST AVENUE~~	517 ~~SW FIRST AVENUE~~
~~FORT LAUDERDALE, FL 33301~~	~~FORT LAUDERDALE, FL 33301~~

04212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
2125 Blue Heron Cove Dr.		2125 Blue Heron Cove Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orange Park, Fl		City & State: Orange Park, Fl	
Zip: 32003	Country	Zip: 32003	Country

4. FEI Number: 01-0694483 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEE, GLENN R
~~517 SW FIRST AVENUE~~
~~FORT LAUDERDALE, FL 33301~~

7. Name and Address of New Registered Agent

Name: Glenn R. Mee
Street Address (P.O. Box Number is Not Acceptable): 2125 Blue Heron Cove Dr.
City: Orange Park FL Zip Code: 32003

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] Glenn Mee   4-21-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MEE, GLENN R		NAME		
STREET ADDRESS	~~517 SW FIRST AVENUE~~		STREET ADDRESS	2125 Blue Heron Cove Dr.	
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33301~~		CITY-ST-ZIP	Orange Park, Fl 32003	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Glenn Mee   4-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #