2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with an address, with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 01, 2006 08:00 AN DOCUMENT # P01900048247 **Secretary of State** AIRSTREAM INTERNATIONAL MANAGEMENT, INC. Principal Place of Business Mailing Address 2020 SW 36 TERRACE 2020 SW 36 TERRACE FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite. Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 65-1100156 Not Applicable Zip 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 PRICE, ROBERT A Street Address (P.O. Box Number is Not Acceptable) **2020 SW 36 TERRACE** FORT LAUDERDALE FL 33312 City Zip Code 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 agont and little if applicable (NOTE: Registered Agent segnature regulated when registation) DATE FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITE Delete TILLE ☐ Change ☐ Addition NAME PRICE, ROBERT A MAANE 000000451893 03/11/06-80005-002 150.00 STREET ADDRESS 2020 SW 36 TERRACE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP III F ☐ Delete TiTLE ☐ Addition NAME MARKE STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY - ST - ZIP HKE ☐ Dalcto HILL - Channe Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ITTLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLE ☐ Delete BUS Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS City - ST - ZIP CITY - ST - ZIP BILE ☐ Delete HEE 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