FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO100066744 DAre Group, Inc. Virginia



FILED Feb 25, 2003 8:00 am Secretary of State

02-25-2003 90117 017 ***150.00

| DO NOT WRITE IN THIS SPACE | | | | | 30036104 | | | |
|--|---|------------------------------------|----------------------------------|--|--|--|--------------------------------|--|
| 2. Principal | Place of Business Glastonbury | Or 3. Mailing Address | astonb | iru D | | | | |
| | immee | Suite, Apt. #, etc. | Suite, Apt. #, etc. Kissimmee | | DO NOT WRITE IN THIS SPACE | | | |
| City & Sta | ida | Florida | Florida | | 4. FEI Number 59-373/3/9 | . | Applied For Not Applicable | |
| 3475 | 34758 Country A. Zip 34758 | | Country U-S- | Country U-S-A. 5. Certificate of St | | Fee Required | | |
| | | | | 7. Name and Address of Current Registered Agent | | | | |
| DO NOT WRITE | | | Nan Nan | Name Ellen Kenette Stone | | | | |
| DO NOT WRITE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | IN THIS | SPACE | 9 | 821 Glaston bury Drive | | | | |
| | | | City | 1/0 | mmee | | p Code. | |
| 8. The above | e named entity submits this statemations of registered agent. | ent for the purpose of changing it | s registered offic | <u> へいろうけ</u> e or registered | agent, or both, in the State of Flor | ida Lam familia | <u> 34758</u> | |
| the obliga | ations of registered agent. | | | | agoin, or both, in the state of Figi | ida. i am iaminar | with, and accept | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| , Ja | nuary 1 - May 1 Fee is \$150.0 | | - Induction Agent a | Sustains technisco Alle | en reinstating) | DATE | | |
| After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | | | | | Election Campaign Fina Trust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS | AND DIRECTORS | | | | | | |
| TITLE | President | TULE | Marie Carlot | All the second will the many lives in the case which | | | | |
| NAME CERET APPRECE | Ellen Kenette | NAME · | | | ·斯克·西克克·西克克 1 | | | |
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| TITLE | Director | FL 39730 | CITY-ST-ZIP | 3027.19 | | | | |
| NAME | Chalstonner 10 | wrence Stone | TITLE | | | * | | |
| STREET ADDRESS | Christopher La 821 Glastonba | NAME | | | 接受外壳的 地名美国西 | Water with the same | | |
| CITY-ST-ZIP | Kissimmee, | FL 34758 | STREET ADDRES | 3 | | | | |
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| TITLE | | | CITY-ST-ZIP | | The statement of the contract of | # | | |
| NAME | | , | TIFLE | | | Sec. 5 | | |
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| NAME CIRCET ADDRESS | | | WAME | In The Wall | | . v | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | 11の異など | Aleman Committee and Committee | e e e e e e e e e e e e e e e e e e e | | |
| | ertify that the information supplied | with this filles do | CITY-ST-ZIP | | | · · · · · · · · · · · · · · · · · · · | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR