2002 UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2002 8:00 am Secretary of State P01000081224 DOCUMENT # 1. Entity Name 02-11-2002 90128 045 ***150 00 ALLUNA GROUP, INC. Principal Place of Business Mailing Address 201 8TH STREET SOUTH, SUITE 107 201 8TH STREET SOUTH SUITE 107 NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-1866127 Not Applicable Zip 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 MCCAFFREY, JUDITH E- -- --Street Address (P.O. Box Number is Not Acceptable) 5811 PELICAN BAY BLVD., SUITE 206-A N NAPLES FL 34108 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. SIGNATURE Signature, typed or printed name of registered agent and life it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) TITLE ☐ Delata TITLE ☐ Change ☐ Addition FRESIDENT & CEO RICHARD X. SZATKOWSKI 3862 MIDSHOW DR. NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS NAPLUS, FL. 34109 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TREASURUM MARGINET BOUSE NAME NAME 5020 COBAR SARINGBR., #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL. 34110 CITY-ST-7IP Secrethry Robent Protheros 7171 F . Delete. TITLE ☐ Change Addition NAME 9660 WKSHARG LAKE BLUD STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP ☐ Change Detete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIFLE TITLE ☐ Change Confibba Con NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-20P CITY-ST-7IP Deleta TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 of the corporation or the Acceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

indicated on this report the corporation or from the corporation or from an attention of the corporation or from an attention of the corporation or from the corporation or from the corporation or from the corporation of th