2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 05, 2007 08:00 AM DOCUMENT # P01000086770 **Secretary of State** DUTCH GROUP, INC. Principal Place of Business Mailing Address 2580 85TH CT. 2580 85TH CT. VERO BEACH FL 32966 VERO BEACH FL 32966 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt #. otc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-1135873 Not Applicable Zıp Country Country Zıp \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEGROOT, MARY 2580 85TH COURT Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32966 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 r applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THLE ☐ Delete HTLE ☐ Change ☐ Addition DEGROOT, RICHARD M NAME U00000621200 NAMI 2580 85TH CT STREET ADDRESS 02/12/07-80007-013 150.00 STREET ADDRESS VERO BEACH FL 32966 CITY - ST - 71P CITY-ST-ZIP TITLE ☐ Change Addition Defete TILLE DEGROOT, MARY E NAME NAME 2580 85TH CT STRUET ADDRESS STREET ADDRESS VERO BEACH FL 32966 CITY-ST-7/P CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY+SI-7/P TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP DHE ☐ Delete TOLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS City-ST-ZiP CITY-S1-ZIP TITLE ☐ Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SE-7IP CITY+ST-ZIP

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 trustoe 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, of on an attachment with an address with all other like empowered.

SIGNATURE: