2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 05, 2006 8:00 am Secretary of State **DOCUMENT # P01000092709** 05-05-2006 90183 017 ***150.00 MANHATTAN CAPITAL ADVISORS, INC. Mailing Address Principal Place of Business 2655 N. OCEAN DRIVE, SUITE 328 2655 N. OCEAN DRIVE WEST PALM BEACH, FL 33404 SUITE 328 WEST PALM BEACH, FL 33404 2. Principal Place of Business 3. Mailing Address 4440 PGA BLVD. 4440 PGA BLVD. Suite. Apt. #, etc. Suite, Apt. #, etc. 04242006 Chg-P CR2E034 (11/05) SUTTE 304 SUITE 304 City & State City & State 4. FEI Number Applied For PALM BEACH GARDENS, FL PALM BEACH GARDENS, FL 65-1140999 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33410 USA 33410 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOBIN, WILLIAM DAVID Street Address (P.O. Box Number is Not Acceptable) 2655 N. OCEAN DRIVE, SUITE 328 WEST PALM BEACH, FL 33404 4440 PGA BLVD., STE. 304 PALM BEACH GARDENS 33410 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 if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition TOBIN, WILLIAM D NAME NAME STREET ADDRESS 2655 N. OCEAN DRIVE, SUITE 328 STREET ADDRESS 4440 PGA BLVD., STE. 304 PALM BEACH GARDENS, FL 33410 WEST PALM BEACH, FL 33404 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quelty 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

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