2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TOPEL OR PRINTED NAME OF

Feb 16, 2006 8:00 am Secretary of State DOCUMENT # P01000114893 1. Entity Name 02-16-2006 90046 037 ***150.00 PERMENTER DEVELOPMENT CORP., INC. Principal Place of Business Mailing Address 1306 VIA DELUNA DRIVE 1306 VIA DELUNA DRIVE PENSACOLA BEACH FL 32561 PENSACOLA BEACH FL 32561 2. Principal Place of Business 282 Plantation HII Rd. 3. Mailing Address 282 Plantation Hill Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3760631 Gulf Breeze Florida Florida Gulf Breeze Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32541 USA Fee Required US4 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Permenter Douglas R. DOUGLAS PERMENTER Street Address (P.O. Box Number is No. Acceptable) 1306 VIA DELUNA DRIVE PENSACOLA BEACH FL 32561 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 (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME R. DOUGLAS PERMENTER NAME 282 Plantation Holl Rd 1306 VIA DELUNA DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA BEACH FL 32561 Gulf Breeze Florida 3256 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PERMENTER, ELIZABETH A NAME STREET ADDRESS 236 SABINE DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA BEACH FL 32561 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Defete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 two 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 changed, or on an attachment with an address, with all other like empowered.

FILED