2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P01000121087 Apr 28, 2006 08:00 AN Secretary of State JUDY B. SCHNEIDER, INC. Principal Place of Business Mailing Address 2905 TURNBULL BAY ROAD 2905 TURNBULL BAY ROAD NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168 No Chg-P CR2E034 (11/05) 04242006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0016949 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHNEIDER, JUDY B DO NOT WRITE 2905 TURNBULL BAY ROAD NEW SMYRNA BEACH, FL 32168 IN THIS SPACE 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. NIF. 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SCHNEIDER, JUDY B MALAF U00000543562 05/10/08-80141-024 150.00 2905 TURNBULL BAY ROAD STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 TITLE BENTON, JANET C NAME 1205 SUNLAND ROAD STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32168 TIFLE SCHNEIDER, LEE R NAME 2905 TURNBULL BAY ROAD DO NOT WRITE STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

COTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(/25/06

Daytime Phone #