2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 01, 2006 8:00 am **Secretary of State DOCUMENT # P01000121314** 02-01-2006 90012 001 ***150.00 FLORIDA LITHOLOGY NO. 1, INC. Principal Place of Business Mailing Address UCTEUUUJ 14255 US HIGHWAY 1 SUITE 2170 14255 US HIGHWAY 1 SUITE 2170 JUNO BEACH, FL 33408 JUNO BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address 14255 U.S. Highway 14255 U.S. Highway 1 Suite, Apt. #, etc. 01192006 Chg-P CR2E034 (11/05) 5017E 231 Applied For 4. FEI Number City & State City & State JUNOBEACH Tuno 80-0032347 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FREEMAN, PAUL H Street Address (P.O. Box Number is Not Acceptable) 1840 W 49TH STREET SUITE 410 HIALEAH, FL 33012 City Zip Code FL 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DiRector TITLE ☐ Delete TITLE Change ☐ Addition NORMENT, ANTHONY E NAME NAME 14255 U.S. Highway | SUITE 231 STREET ADDRESS STREET ADDRESS 14255 US HIGHWAY 1 SUITE 2170 JUNO Beach FL 33407 CITY-ST-ZIP JUNO BEACH, FL 33408 CITY-ST-ZIP Director Christine M Change n Addition TITLE ☐ Delete TITLE JONGTHIS, CHRISTINE M NAME 14255 U.S. Highway 1 SUITE 231 NAME **14255 U S HIGHWAY A SUITE 2170** STREET ADDRESS STREET ADDRESS JUNO BEACH FL CITY-ST-ZIP JUNO BEACH, FL 33408 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP ☐ Delete TILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P 12. I hereby certify that the information supplied with this filling 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

561-630-9000