2003 FOR PROFIT CORPORATION

FILED Feb 18, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State P01000121805 DOCUMENT # 1. Entity Name 02-18-2003 90112 047 ***150 00 CHARLIE KILO, INC. Principal Place of Business Mailing Address 1804 AVANTI COURT 1804 AVANTI COURT DAYTONA BEACH FL 33128 DAYTONA BEACH FL 33128-2. Principal Place of Business Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For rort Orana 80-0003208 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Mercer MERCER, GERALD G Street Address (P.O. Box Number is Not Acceptable) 1804-AVANTI COURT Cessna DAYTONA BEACH FL 33128 Zip Code Orange 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME MERCER, GERALD G NAME STREET ADDRESS 1804-AVANTI COURT 209-2 Cessna Blud STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL-33128 CITY-ST-ZIP Port Orange, FL 32128 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition 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-ZIP TIT! F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIG ING OFFICER OR DIRECTOR