2003 FOR PROFIT CORPORATION

May 01, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000030874 **DOCUMENT #** 1. Entity Name 05-01-2003 90123 035 ***150.00 ALLY VENTURES, INC. Principal Place of Business Mailing Address 1860 WINCHESTER DRIVE 1860 WINCHESTER DRIVE WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHEELER, RICHARD S ESQ. Street Address (P.O. Box Number is Not Acceptable) 2265 LEE ROAD SUITE 103 WINTER PARK FL 32789 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT / SECRETARY TITLE ☐ Change Addition ☐ Delete TITLE Alicia Spore NAME NAME 1860 Winchester DR. STREET ADDRESS STREET ADDRESS MENTER TONEW 32789 CITY-ST-7IP CITY-ST-ZIP VICE PRESIDENT / TREASURER Addition ☐ Delete TITLE TITLE Kelly Crowder NAME NAME STREET ADDRESS 1212 Vassar ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Orlando Fi ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete Change TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

□ Delete

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-7IP

☐ Change

☐ Addition

FILED