2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secretary of State 02-27-2006 90096 001 ***150.00 DOCUMENT # P02000030961 1. Entity Name AN DEVELOPMENT II, INC. Principal Place of Business Mailing Address 4300 W CYPRESS ST, STE 150 4300 W CYPRESS ST, STE 150 TAMPA, FL 33607 TAMPA, FL 33607 2. Principal Place of Business 401 S ACKANY AUT 3. Mailing Address 4015. ALBANY AUD Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 CR2E034 (11/05) Chg-P City & State 4. FEI Number Applied For City & State TAMPA 56-2322732 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELSON C. STETNER MELENDI, JOSEPH E dress (P.O. Box Number is Not Acceptable) 300 N FRANKLIN ST TAMPA, FL-33602-City TAMPA 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. NELSON C. STEINER Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition Delete TITLE TITLE STEINER, ALFRED F II NAME NAME 401 S. ALBANY AVE STREET ADDRESS 4300 W CYPRESS ST, STE 150 STREET ADDRESS TAMPA, FC 33606 CITY-ST-ZIP TAMPA; FL-33807 CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE STEINER, NELSON C NAME NAME 401 S. ALBANY AVE STREET ADDRESS 4300 W CYPRESS ST, STE 150 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33007 ☐ Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 affect 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, where all other like empowered.

ALFERD F STEINER A

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 27, 2006 8:00 am