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Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90023 006 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000035239

1. Entity Name
DWAYNE LINDO., INC.

50004421

Principal Place of Business	Mailing Address
~~6870 103RD ST~~ ~~614~~ ~~JACKSONVILLE, FL 32210~~	~~P.O. BOX 7447~~ ~~JACKSONVILLE, FL 32238-7447~~

03202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
6070 maggies Circle	6070 maggies Circ
Suite, Apt. # etc: #9	Suite, Apt. #, etc: #9
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32244 Country: Duval	Zip: 32244 Country: Duval

4. FEI Number: 30-0093062 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDO, DWAYNE R
~~6870 103RD ST, APT 614~~
~~JACKSONVILLE, FL 32210~~

7. Name and Address of New Registered Agent

Name: Dwayne R Lindo
Street Address (P.O. Box Number is Not Acceptable): 6070 maggies Circle #9
City: Jacksonville FL Zip Code: 32244

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: Dwayne R. Lindo — 3-20-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDO, DWAYNE R ~~6870 103RD ST, APT 614~~ ~~JACKSONVILLE, FL 32210~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6070 maggies Circle #9 Jacksonville FL 32244 ☐ Change ☐ Addition
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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: Dwayne R. Lindo — 3-20-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #