2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT # P02000037236 Mar 02, 2006 08:00 AM 1. Entity Name **Secretary of State** DOUEST GROUP, INC. Principal Place of Business Mailing Address 39 S. ROSCOE BLVD. 39 S. ROSCOE BLVD. PONTE VEDRA BCH FL 32082 PONTE VEDRA BCH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 01-0651119 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, DANIEL W Street Address (P.O. Box Number is Not Acceptable) 39 S. ROSCOE BLVD. PONTE VEDRA BCH FL 32082 Zip Code City 8. The above named entity submits this statement for the ourpose 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 primed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Defete TITLE ☐ Change Addition TITLE NAME NAME WILLIAMS, DANIEL W STREET ADDRESS STREET ADDRESS 39 S. ROSCOE BLVD. UNNANA52828 CITY - ST-ZIP CITY-ST-ZIP PONTE VEDRA BCH FL 32082 98/13/06-80015-817 150.00 TITLE SD ☐ Delete ☐ Change Addition NAME WILLIAMS, SHARON M STREET ADDRESS STREET ADDRESS 39 S. ROSCOE BLVD. CITY-ST-ZiP CITY-ST-ZIF PONTE VEDRA BCH FL 32082 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition 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 exemptions contained in Section 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