2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P02000044436 Apr 20, 2006 08:00 AM Secretary of State 1. Entity Name ROGER L. BONNETTE, INC. Principal Place of Business Mailing Address 7870 SE CACTUS TRAIL 7870 SE CACTUS TRAIL HOBE SOUND FL 33455 HOBE SOUND FL 33455 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State Applied Foi 4. FEI Number 01-0671923 Not Applicable Zip Country Ζφ 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City Zip Code 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, typen or present name of registered anent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE 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. 11. .. PSTD THILE ☐ Detete TITLE Change Addition MAME BONNETTE, ROGER L NAME U00000519343 STREET ADDRESS 15697 95TH AVE NORTH STREET AGORESS CITY-ST-ZIP CITY-ST-ZIE JUPITER FL 33478 05/02/06-80051-005 150.00 THILE Detete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - ZIP HILE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete THE TITLE Change Addition . NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete TITLE DELE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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

SIGNATURE: Agn & Bonto Roger L. Bonnette 4/17/06 561 309 9939

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