2006 FOR PROFIT CORPORATION ANNUAL REPORT: FILED Jan 23, 2006 08:00 AM Secretary of State OCUMENT # P02000045924 JONNA L. MILLER, P.A. incipal Place of Business Mailing Address 779 CO88LESTONE LANE 178PON SPRINGS, FL 34688 969 COBBLESTONE LANE TARPON SPRINGS, FL 34688 01202008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3640352 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent MILLER-DUNHAM, DONNA L DO NOT WRITE 69 COBBLESTONE LANE ARPON SPRINGS, FL 34688 IN THIS SPACE 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, typed or printed name of jegistered agent and fille it applicable (NOTE: Registored Agent signature required when refreshring) DATE Unnon0398511 . Etection Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 01/30/06-80097-023 150.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS OPST MILLER, DONNA L 969 COBBLESTONE LANE TARPON SPRINGS, FL 34688 TV=ST- IN DO NOT WRITE IN THIS SPACE THE ET ADDRESS वि≛डा-यः a a MAINE INCL AUBIRESS I hereby certify that the information supplied with this filling 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.

1/20/04

Claylene Phone #