2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2006 8:00 am Secretary of State DOCUMENT # P02000048001 1. Entity Name 01-17-2006 90230 013 ***150.00 DATA PARTNERS, INC. Principal Place of Business Mailing Address 12857 BANYAN CREEK DR 12857 BANYAN CREEK DR **60001838** FORT MYERS, FL 33908 FORT MYERS, FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01062006 Chg-P City & State City & State 4. FEI Number Applied For 04-3654382 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required -7.-Name and Address of New Registered Agent -6.- Name and Address of Current Registered Agent-PELFREY, DANNY J JR. Street Address (P.O. Box Number is Not Acceptable) 12857 BANYAN CREEK DR FORT MYERS, FL 33908 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PCEO** TITLE TITLE ☐ Change ■ Addition ☐ Delete NAME PELFREY, BRIGID NAME 12609 COCONUT CREEK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYER'S, FL 33908 CITY-ST-ZIP CFO TITLE ☐ Delete TITLE ☐ Change ☐ Addition PELFREY, DANNY J NAME NAME STREET ADDRESS 12609 COCONUT CREEK DRIVE STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP coos C005 TITLE ☐ Delete TITLE ☐ Addition MARTIN, SCOTT A. 18790 CALCOSA CREEK CIR NAME MARTIN, SCOTT A 790 S DUNCHRIS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP AVON PARK, FL 33825 CiTY-ST-7IP FT. MYEKS, FL. 33908 Delete TITLE TITLE Change ☐ Addition 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 TITLE Delete ☐ Change ☐ 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 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 acciver 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

139)267-8762

FILED