2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # P02000048921** 04-24-2006 90380 003 ***150.00 1. Entity Name RICHARD PAUL BLAINE, INC. Principal Place of Business Mailing Address 7801 REFLECTION COVE 7801 REFLECTION COVE #108 #108 FORT MYERS, FL 33907 FORT MYERS, FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 04192006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 02-0586827 Not Applicable Zin Country Zio 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 Ricahrd Blaine **BLAINE, RICHARD** Street Address (P.O. Box Number is Not Acceptable) 7801 Reflection Cove #108 11521 VILLA GRANDE, STE 924 FT MYERS, FL 33913 Fört Myers named entity submits this ent 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 a SIGNATURE (NOTE, Registered Agent Agent agnature 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ De!ete TITLE Addition Richard Blaine NAME BLAINE, RICHARD NAME 7801 Reflection Cove #108 STREET ADDRESS 11521 VILLA GRANDE, STE 924 STREET ADDRESS CITY - ST- ZIP FT MYERS, FL 33913 CITY-ST-ZIP Fort Myers, FL 33907 Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP De!ete THE Change ■ Addition TITS F KAME 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 12. I hereby certify that the information stopplied with this filing does not quality 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 it made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 it hed, or on an attachmer empowered. SIGNATURE INTER NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Pricacle

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