2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 01, 2007 8:00 am Secretary of State DOCUMENT # P02000051394 05-01-2007 90027 033 ***150.00 NECKELMANN'S. INC. Principal Place of Business Mailing Address 1463 CAMELLIA CIR 1463 CAMELLIA CIR WESTON, FL 33326 US WESTON, FL 33326 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 04272007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 04-3665978 Not Applicable Zip Country Zip 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 NECKELMANN, DAISY Street Address (P.O. Box Number is Not Acceptable) 1463 CAMELLIA CIR WESTON, FL 33326 Zip Code FL 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. 04-26-07 DATE SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE MILE ☐ Addition Delete NECKELMANN, CLAUSE NECKELMANN, CLAUS E NAME MAME 1463 CAMELLIA CIECE STREET ADDRESS 1463 CAMELLIA CIR STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP WESTON - FC 33326 TITLE Delete TITLE Change ☐ Addition THIELEMANN, SYLVIA I THIELEM ANN, SYLVIA 1. NAME NAME 1463 CA MECUA CIAC. WESTON - FL 33326 STREET ADDRESS 1463 CAMELLIA ÇIR STREET ADDRESS CHY-ST-7IP WESTON, FL 33326 CITY-ST-ZIP NECICELMANN, DAISY Change 1463 CAMECLEA CIDC. WESTON - FC 33326 TITLE Delete DRE Addition | NECKELMANN, DAISY NAME NAME STREET ADDRESS 1463 CAMELLIA CIR STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-7IP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITL F TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIDE Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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.

SIGNATURE AND TYPED OFF SECRING OFFICER OR DIRECTOR Date Of Departure Proving Day

FILED