2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90198 030 ***150.00 DOCUMENT # P02000069181 1. Entity Name UPPÁL, INC. CPCTUUUD Principal Place of Business Mailing Address 80 ELGIN PKWY 80 ELGIN PKWY FT WALTON BCH, FL 32547 FT WALTON BCH, FL 32547 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 CR2E034 (12/06) City & State City & State 4. FEL Number Applied For ، براے Country ₽6./ ⊃ 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 MOORE, STEVEN W STEVEN W. MOORE, P.A. Street Address (P.O. Box Number is Not Acceptable) 8200 BRYAN DAIRY RD, STE 300 LARGO, FL 33777 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, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE Change ☐ Addition NAME UPPAL, PARGAT NAME STREET ADDRESS 80 FLGIN PKWY STREET ADDRESS CITY-ST-ZIP FT WALTON BCH, FL 32547 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TATEF ☐ Addition 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 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAMÉ 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 eath; 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 charged, or on an attachment with an address, with all other likes mpowered.

SIGNATURE:

FILED