2004 FOR PROFIT CORPORATION

Aug 09, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P02000070232 08-09-2004 90013 023 ***158.75 THE DUKE OF EARLE GROUP, INC Principal Place of Business Mailing Address 10670 NW 28TH PL SUNRISE FL 33322 10670 NW 28TH PL SUNRISE FL 33322 2. Principal Place of Business 3. Mailing Address 1W 28 floce 0670 Nu 10670 CR2E034 (4/04) Applied For ity & State 4. FEI Number 38-3652588 NRIS Not Applicable 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 - EARLE, BEVAN H Street Address (P.O. Box Number is Not Acceptable) 10670 NW 28TH PL SUNRISE FL 33322 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 FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE TITLE ☐ Addition Delete NAME EARLE, BEVAN H NAME STREET ADDRESS 10670 NW 28TH PL STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33322 CITY-ST-ZIP DIRECTOR TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE ☐ 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 exemption stated in Section 119.07(3)(i), 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

SIGNATURE: