FILED 2006 FOR PROFIT CORPORATION. Jan 23, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DMENT # P02000083096 D M. BOUCHNER, C.M.A., A.V.A., P.A. Place of Business Mailing Address BISCAYNE BLVD., 6TH FLOOR 200 S. BISCAYNE BLVD., 6TH FLOOR TL 33131 MIAMI, FL 33131 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEì Number 51-0418552 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KOWITZ, RICHARD A BISCAYNE BLVD., 6TH FLOOR 11, FL 33131 IN THIS SPACE is 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 e obligations of registered agent. Signature, typed or printed name of registered agent and life if epplicable. [NOTE: Registered Agent signature required when reinstelling) IJIJŨŨŨŨŨ3963GS 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 01/30/06-80007-008 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS P/D BOUCKNER, SCOTT M 200 S. BISCAYNE BLVD., 6TH FLOOR ADDRESS MIAMI, FL 33131 -51-21 EL ADDRESS -51-719 KRET ADDRESS DO NOT WRITE 11-51-2P IN THIS SPACE RELT ADDRESS *******51-719 REET ADDRESS (17-51-ZIP DIRECT ADDRESS

Thereby 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, unit all other like empowered.

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: