2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 20, 2006 08:00 Al Secretary of State DOCUMENT # P02000086766 1. Entity Name JOHN BITTERMAN, INC. Principal Place of Business Mailing Address 3315 CULLEN LAKE SHORE DR 3315 CULLEN LAKE SHORE DR ORLANDO, FL 32812 US ORLANDO, FL 32812 US CR2E034 (11/05) 04072006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0790901 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BITTERMAN, JOHN W III DO NOT WRITE 3315 CULLEN LAKE SHORE DR ORLANDO, FL 32812 IN THIS SPACE 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. DATE 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 NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000521318 BITTERMAN, JOHN W III NAME 05/02/06-80130-008 150.00 3315 CULLEN LK SHR DR STREET ADDRESS ORLANDO, FL 32812 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 it 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4-17-06