2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P02000091494** 05-02-2006 90203 030 ***150.00 1. Entity Name SAN-SIM, INC Principal Place of Business Mailing Address 60034395 5959 APPROACH RD 5959 APPROACH RD SARASOTA, FL 34238 SARASOTA, FL 34238 2. Principal Place of Business 5563 Margu 3. Mailing Address 5563 Marquesas Cir. Suite, Apt. #, etc. 04262006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Sarasota Sacasuta 58-2669069 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 37 237 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTOSTASI, PAUL Street Address (P.O. Box Number is Not Acceptable) 5959 APPROACH RD SARASOTA, FL 34238 Marguesas Cic Zip Code 39733 8. The above named entity syomits 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Delete TITLE ☐ Addition SIMINOFF, JAMIE NAME NAME 5563 Marquesas Cir 5050 APPROACH RD STREET ADDRESS STREET ADDRESS SARASOTA, FL 34238 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Delete TITLE TITLE Change Change ☐ Addition NAME SANTOSTASI, PAUL NAME 5563 MAIGUESAS DIV 5959 APPROACH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34238 CITY-ST-ZIP TITL F ☐ 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 Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change | 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 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 director of the corporation or director or di SIGNATURE:

OFFICER OR DIRECTOR

FILED May 02, 2006 8:00 am