2005 FOR PROFIT CORPORATION

Jan 21, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000091609** 01-21-2005 90059 017 ***150.00 BUM SOUTHEAST, INC. Principal Place of Business Mailing Address 50005235 725 11TH STREET **725 11TH STREET** MARATHON, FL 33050 MARATHON, FL 33050 3. Mailing Address 2. Principal Place of Business. Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 33-1025542 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent' YOUNG, BRUCE C 1500 OVERSEAS HIGHWAY #504 Street Address (P.O. Box Number is Not Acceptable) MARATHON, FL 33050 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. Lam familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE Change ☐ Addition 322 LEMON AUE. SIMMONS, MATTHEW B NAME STREET ADDRESS 1021-11TH STREET STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-ZIP Delete TITLE ☐ Change TITLE ■ Addition NAME YOUNG, BRUCE C NAME STREET ADDRESS **1021 11TH STREET** STREET ADDRESS MARATHON, FL 33050 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP ☐ Delete ☐ Change TITLE TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Chance ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED