2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2006 8:00 am Secretary of State DOCUMENT # P02000117133 1. Entity Name 03-24-2006 90034 031 ***150.00 QUALITY BOBCAT SERVICE, INC. Principal Place of Business Mailing Address 18265 92 LN N 18265 92 LN N LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 90-0052882 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent K. Anlesson ANDERSON, TIMOTHY K Street Address (P.O. Box Number/s Nor-Acceptable) 675 W INDIÁNTOWN RD STE 103 JUPITER FL 33458 8. The above named entity sybmits 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, typed or printed name of vegistered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THTLE ☐ Delete TITLE ☐ Change NAME MAME CANNIZZARO, MIKE STREET ADDRESS STREET ADDRESS 18265 92 LN N CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP TITLE ☐ Defete TITLE ■ Addition ☐ Change STREET ADDRESS STREET ADDRESS City-St-ZiF CITY-ST-ZIP TIME Delute TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition FITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

MWL COMPAND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED