2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: Veter Bange

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT # P02000124030** 04-27-2007 90201 036 ***150.00 1. Entity Name DENSTRIA, INC. 40086183 Principal Place of Business Mailing Address 800 W. CYPRESS CREEK RD 800 W. CYPRESS CREEK RD SUITE 470 SUITE 470 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 800 W. CYPRESS CREEK RD 800 W. CYPRESS CREEK RD Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 CR2E034 (12/06) Chg-P SUITE 465 SUITE 465 Applied For City & State City & State 4. FEI Number FORT LAUDERDALE, 54-2085896 Not Applicable FL<u>FORT LAUDERDALE, FL</u> Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33309 33309 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEGEL, LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W CYPRESS CREEK RD STE 470 FORT LAUDERDALE, FL 33309 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable INOTE: Registered Agent suggeture registed when registation DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD PD TITLE X Change ☐ Addition Delete GAUGL, HANNAH GAUGL, HANNAH NAME NAME 333 LAS OLAS WY., APT. #1203 STREET ADDRESS 37 SPANISH RIVER DR STREET ADDRESS CITY-ST-ZIP OCEAN RIDGE, FL 33435 CITY-ST-7IP FORT LAUDERDALE, FL X Change TSD ☐ Delete TSD TITLE TITLE ■ Addition GAUGL, PETER NAME GAUGL, PETER NAME STREET ADORESS 37 SPANISH RIVER DR STREET ADDRESS 333 LAS OLAS WY., APT. #1203 OCEAN RIDGE, FL 33435 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33301 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAMÉ 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 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.

PETER GAYGL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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