2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2007 8:00 am Secretary of State **DOCUMENT # P03000000547** 04-18-2007 90152 027 ***150 00 1. Entity Name NEUMANN HALL, INC. 12087 62ND STREET NORTH 12087 62ND STREET NORTH SUITE 4 SUITE 4 LARGO, FL 33773 US LARGO, FL 33773 US 3. Mailing Address 470 3RD 57 50 Suite, Apt, #, etc. 2. Principal Place of Business - No P.O. Box # 470 3R0 57 50 Suite, Apt. #, etc. 03222007 Chg-P CR2E034 (12/06) 4NIT 801 4NIT City & State City & State Applied For 4. FELNumber 81-0589710 Not Applicable 3370 I \$8.75 Additional 5. Certificate of Status Desired LI 5 A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, WALTTER C JR Street Address (P.O. Box Number is Not Acceptable) 470 THIRD STREET SOUTH SUITE 801 SAINT PETERSBURG, FL 33701 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, typad 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 NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPVS Change TITLE ☐ Delete TITLE ■ Addition HALL, WALTER C JR NAME NAME 470 3RD ST SO WAIT 801 470 THIRD STREET SOUTH SUITE 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33701 CITY-ST-ZIP TITLE **Z** Change ☐ Delete TITLE ☐ Addition 470 Ben St So UNIT 801 HALL, WALTER C JR NAME STREET ADDRESS 470 THIRD STREET SOUTH SUITE 4 STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33701 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7:P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

OR DIRECTOR