2007 FOR PROFIT CORPORATION

Apr 17, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000011614 04-17-2007 90234 033 ***150.00 1. Entity Name ROB NAPIER INC. 4000000 Principal Place of Business Mailing Address 931 HILLGROVE LANE P.O. BOX 368 AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 931 HILLGROVE Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For AUSURNDALE 01-0765660 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33823 ÚS A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAPIER, ROBERT III Street Address (P.O. Box Number is Not Acceptable) 931 HILLGROVE LANE AUBURNDALE, FL 33823 City Zip Code FI 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 little it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change ☐ Addition TITLE TITLE NAPIER, ROBERT III NAME NAME 931 HILLGROVE LAME STREET ADDRESS P.O. BOX 368 STREET ADDRESS AUBURNDALE, FL 33823 CITY-ST-ZIE CITY-ST-ZEP AUBUMDALE FL 33823 TITLE TD TITLE Change ■ Addition Delete NAPIER, MARIA E NAME NAME STREET ADDRESS 931 HILLGROVE LANE STREET ADDRESS CITY-ST-ZIP AUBURNDALE, FL 33823 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ACCURAGE STHELT AUDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TOLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Channe ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NING OFFICER OR DIRECTOR

FILED