2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

Mar 23, 2006 8:00 am Secretary of State DOCUMENT # P03000014434 1. Entity Name 03-23-2006 90021 010 ***150.00 THE BOSTON TEEBAG COMPANY INC. Principal Place of Business Mailing Address LYNDHURST B LYNDHURST B-48 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address 1155 Brickell Bay 1155 Brickell Bay Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Unit 3105 City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Mami Miami, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHREI SARVER, MICHAEL 1155 Brickell Bay Dr. Miami, AL 83131 LYNDHURST B-48 DEERFIELD BEACH FL 33442 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. (NOTE: Registered Agent signature recuired 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 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President DDE Delete TITLE SARVER, MICHAEL NAME SARVER, MICHAEL NAME 1155 Brickell Bay Drive, Unit 3105 STREET ADDRESS LYNDHURST B #48 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 CITY-ST-ZIP Miami, FL 33131 Chief executive Officer Mr. TITLE TITLE ☐ Delete SARVER, MARILYN SARVER, MARILYN NAME 1155 Brickell Bay Drive, Unit 3105 STREET ADDRESS LYNDHURST B #48 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 CITY - ST - 7IP Miamin FL 33131 THE - Delete HILL. MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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. 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

Executive Officer 3-13-66

FILED