₹2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 20, 2006 8:00 am Secretary of State DOCUMENT # P03000015702 1. Entity Name MARB SUNSHINE PROPERTIES, INC. 03-20-2006 90011 028 ***150.00 Principal Place of Business Mailing Address 310 SAN MARCO AVE 310 SAN MARCO AVE NORTH PORT, FL 33428 NORTH PORT, FL 33428 3. Mailing Address 13640 SW 2. Principal Place of Business 2640 Suite, Apt. #, etc. uite, Apt. #, etc. 02222006 CR2E034 (11/05) Chg-P City & State City & State Applied For 4. FEI Number MIAMI MIAMI 56-2315142 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERK, HOWARD Street Address (P.O. Box Number is Not Acceptable) 501 GRANADA AVE VENICE, FL 34285 , Zip Code 8. The above named eptity 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDENT Delete TITLE 21-Change ☐ Addition AMIEBERK 12640 SW 777 AVE NAME BERK, MARY NAME 310 SAN MARCO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34287 CITY-ST-7IP MIAUNI FC 33156 TITLE SECRETARY ☐ Delete ☐ Change 4 Addition TIT) F HOWARD BERK 12640 SW 777- AVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ 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 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

3-15-06

FILED