2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P03000016718 03-06-2006 90010 038 ***150.00 1. Entity Name ASSOCIATES & OPPORTUNITY, INC. Principal Place of Business Mailing Address 638 BELVEDERE ROAD 638 BELVEDERE ROAD US WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02172006 Chg-P 4. FEI Number Applied For City & State City & State 02-0675064 Not Applicable Zip Country \$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 PATEL, JAY A Street Address (P.O. Box Number is Not Acceptable) 8776 THOUSAND PINE CIRCLE WEST PALM BEACH, FL 33411 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 register 2124/06 SIGNATURE Signature, typed or 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Delete TITLE ☐ Chance THE NAME PATEL, JAY A STREET ADDRESS 8776 THOUSAND PINE CIRCLE STREET ADDRESS WEST PALM BEACH, FL 33405 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TIFLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS "FREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STRFET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-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 thusee 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 at address-with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 06, 2006 8:00 am