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05 MAY 25 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32304-50048251



03152005 Chg-P CR2E034 (10/03)

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P03000021050</b> 1. Entity Name <b>MARY CAROL ERNST, INC.</b> <b>MARY CAROL ERNST AND ASSOCIATES, INC.</b></div><div style="text-align: center;"></div><div style="text-align: right;"><b>FILED</b> <b>05 MAY 25 AM 9:32</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, 50048251</b></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business <b>2821 PLACIDA ROAD</b> <b>ENGLEWOOD, FL 34224</b></div><div>Mailing Address <b>PO BOX 5112</b> <b>ENGLEWOOD, FL 34224</b></div></div>																																
<div style="display: flex; justify-content: space-between;"><div style="width:60%;">2. Principal Place of Business <b>2960 S MC CALL RD</b> <small>Suite, Apt. #, etc.</small> <b>SUITE 210</b> <small>City &amp; State</small> <b>ENGLEWOOD, FL</b> <small>Zip</small> <b>34224</b> <small>Country</small> <b>US</b></div><div style="width:40%;">3. Mailing Address <small>Suite, Apt. #, etc.</small>  <small>City &amp; State</small>  <small>Zip</small> <small>Country</small></div></div>		<div style="display: flex; justify-content: space-between;"><div>03152005</div><div>Chg-P</div><div>CR2E034 (10/03)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number <b>72-1544304</b></div><div><small>Applied For</small> <small>Not Applicable</small></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div><b>\$8.75</b> Additional Fee Required</div></div>																														
<div style="display: flex; justify-content: space-between;"><div style="width:50%;">6. Name and Address of Current Registered Agent <b>ERNST, MARY CAROL</b> <b>7 PEBBLE BEACH DRIVE</b> <b>ROTONDA WEST, FL 33947</b></div><div style="width:50%;">7. Name and Address of New Registered Agent <small>Name</small>  <small>Street Address (P.O. Box Number is Not Acceptable)</small>  <div style="display: flex; justify-content: space-between;"><small>City</small><div><b>FL</b></div><small>Zip Code</small></div></div></div>																																
<div style="display: flex; justify-content: space-between;"><div>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.  <div style="display: flex; justify-content: space-between;"><div>SIGNATURE: <b>Mary Carol Ernst</b> <small>Signature, typed or printed name of registered agent and state if applicable</small></div><div><b>3-18-05</b> <small>DATE</small></div></div></div><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b></div><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</div></div></div>																																
<div style="display: flex; justify-content: space-between;"><div style="width:48%;">10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;"><small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small></td><td style="width:40%;"><b>D</b> <b>ERNST, MARY CAROL</b> <b>7 PEBBLE BEACH DRIVE</b> <b>ROTONDA WEST, FL 33947</b></td><td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td><small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small></td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td><small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small></td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td><small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small></td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td><small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small></td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr></table></div><div style="width:48%;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;"><small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small></td><td style="width:40%;"></td><td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small></td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small></td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small></td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small></td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table></div></div>			<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>D</b> <b>ERNST, MARY CAROL</b> <b>7 PEBBLE BEACH DRIVE</b> <b>ROTONDA WEST, FL 33947</b>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.  SIGNATURE: **Mary Carol Ernst** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  **3-18-05** **941-5045** Date Daytime Phone | | |

941-698-0957