2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 14, 2006 08:00 AM Secretary of State DOCUMENT # P03000023060 DUTCH FLOOR MASTERS INC. Mailing Address Principal Place of Business 14603 BEACH BLVD., BOX 24 JACKSONVILLE BEACH FL 32250 14603 BEACH BLVD., BOX 24 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 42-1577760 Not Applicable Zip Country 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 Name PLATTEEL, DIRK C Street Address (P.O. Box Number is Not Acceptable) 14603 BEACH BLVD., BOX 24 JACKSONVILLE BEACH FL 32250 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 registered agent. SIGNATURE Signature, typed or primed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstalling) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. UND000507328 🗖 Change TITLE Addition TITLE Delete 04/27/06 80059-014 150.00 NAME PLATTEEL, DIRK C NAME 14603 BEACH BLVD., BOX 24 STREET ADORESS STREET ADDRESS CITY-SY-ZIP JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP TITLE Delete ☐ Change Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS ETTY-ST-ZIP C!TY-ST-ZIP Delete ☐ Change Addition THU TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY -ST - ZIP Defete DDE TITLE ☐ Change T Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 216 ☐ Change Addition 🔲 THRE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-DP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 this tee 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. 12. I hereby certify that the i

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