FILED Mar 27, 2006 8:00 am Secretary of State

2006 FOR PROFIT CORPORATION 03-27-2006 90244 025 ***150 00 ANNUAL REPORT DOCUMENT # P03000028455 1. Entity Name SPACE CREATORS, INC. 40038852 Principal Place of Business Mailing Address 16 WEISS PLACE 16 WEISS PLACE PALM COAST, FL 32164 PALM COAST, FL 32164 2. Principal Place of Business 3400 US 3. Mailing Address
3400 US 03142006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For ity & State 57-1157806 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THOMPSON, ERIC Street Address (P.O. Box Number is Not Acceptable) 16 WEISS PLACE PALM COAST, FL 32164 LAKE Success I **XIVE** 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 the obligations of registered agent. tue Shompson 3-22-06 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Addition ☐ Change TITLE ☐ Delete TITLE THOMPSON, ERIC NAME NAME 73 LAKE SUCCESS Drive PAIM COAST, FL 30137 STREET ADDRESS 16 WEISS PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM COAST, FL 32164 ☐ Delete TITLE TITLE THOMPSON, DORTHY J NAME NAME 73 LAKE SUCCESS Drive PAIM COAST, FL 32137 STREET ADDRESS STREET ADDRESS 16 WEISS PLACE PALM COAST, FL 32164 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: