FROM :SMITH & NICHOLS, ATTORNEYS FAX NO. :239 482 1007

FILED
May 03, 2006 8:00 am
Secretary of State
04-13-2006 90316 037 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000063936

1. Entity Name
BUCKINGHAM PALACE II, INC.

Principal Place of Business
14967 RIVERS EDGE CT
SUITE 203
FORT MYERS, FL 33908 US

Mailing Address
14967 RIVERS EDGE CT
SUITE 203
FORT MYERS, FL 33908 US

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

04102006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0042285 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JUNG, JACK
14967 RIVERS EDGE CT.
203
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent
Name: NICHOLS, JAMES L. ESQUIRE
Street Address (P.O. Box Number is Not Acceptable): 3191 COLLEGE PARKWAY
SUITE 204
City: FT. MYERS FL Zip: 33908

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: X James Larry Nichols — 4-10-06
Signature, typed or printed name of registered agent and title if applicable — DATE

FILE NOW!! Fee is $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JUERGENS, DIANE 14967 RIVERS EDGE CT. # 203 FORT MYERS, FL 33908 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT P MATT JUNG 375 HERONS RUN DRIVE #920 SARASOTA, FL. 34232 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: Diane L. Juergens, 4/24/06 239 218-6264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Owner, Secy., Director

APR 10,2006 12:53A Buckingham Palace II, In 239-481-5746 page 1

APR 10,2006 01:03P NICHOLS JAMES L 239 482 1007 page 1