2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 14, 2007 8:00 am DOCUMENT # P03000066761 **Secretary of State** 02-14-2007 90047 020 ***150.00 THE LAW OFFICES OF KANNER & PINTALUGA, P.A. Principal Place of Business Mailing Address 5124 HOLLYWOOD BLVD. 5124 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 01-0786201 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 KANNER, HOWARD 5124 HOLLYWOOD BLVD. Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD, FL 33021 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition KANNER, HOWARD NAME NAME Hollywood Blud yweed FL 33021 STREET ADDRESS 250 NE 3RD AVE #409 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33444 CITY-ST-ZIP D TITLE ☐ Delete ☐ Change ☐ Addition NAME PINTALUGA, ERIC NAME STREET ADDRESS 5124 HOLLYWOOD BLVD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ТПТІ Б ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 meritary 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 atta frient with an address, with all other like empowered. Fric Pintaluga

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED