2005 FOR PROFIT CORPORATION

May 13, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000095375** 05-13-2005 90228 032 ***150.00 1. Entity Name PETRIE VENTURES OF APOPKA, INC. Principal Place of Business Mailing Address 50052469 170 E. MAGNOLIA **4381 STEED TERRACE** APOPKA, FL 32703 WINTER PARK, FL 32792 2. Principal Place of Business 3. Mailing Address 12 Aver Suite, Apt. #, etc. Suite, Apt. #, etc 04252005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State 77-0608956 Not Applicable Ζįρ 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 PETRIE, ELIZABETH A 4381 STEED TERRACE WINTER PARK, FL 32792 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 Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change P.T Addition TITLE ☐ Delete TITLE PETRIE, ELIZABETH A NAME NAME STREET ADDRESS 4381 STEED TERRACE STREET ADDRESS WINTER PARK, FL 32792 City-St-7iP CITY-ST-7IP TITLE ☐ Delete TITLE PETRIE, COLEMAN A NAME 4381 STEED TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP TITLE ☐ Defete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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

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