2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2006 8:00 am Secretary of State DOCUMENT # P03000110814 04-10-2006 90325 010 ***150.00 BHM & ASSOCIATES, INC. Principal Place of Business Mailing Address 3720D COCONUT CREEK WAY 3720D COCONUT CREEK WAY 50010267 COCONUT CREEK, FL 33066 COCONUT CREEK, FL 33066 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-0291314 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERTOLINI, MICHELLE S 3720 D COCONUT CREEK PKWY Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK, FL 33066 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change NAME BERTOLINI, MICHELLE S NAME STREET ADDRESS 15385 MONROE ROAD STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE VP ☐ Delete TITLE **Change** ☐ Addition NAME HERMANSEN, DIANA NAME STREET ADDRESS 3720 D COCNUT CREEK PKWY STREET ADDRESS 3720 D COCONUT CLERK PKWY CITY-ST-ZIP COCONUT CREEK, FL 33066 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MEYER, REHANNA NAME STREET ADDRESS 3720 D COCONUT CREEK PKWY STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33066 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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

Diana Hermanson

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

SIGNATURE:

FILED