2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # P03000112956 1. Entity Name 04-18-2006 90091 023 ***150.00 DON ELSASSER SERVICES, INC. Principal Place of Business Mailing Address 308 CANAL RD SARASOTA FL 34232 308 CANAL RD SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address 3014 WOOD PINE 3014 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number FL. 81-0692486 SARASOTA SARASOTA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired SARASOIA SARASOIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELSASSER, DON Street Address (P.O. Box Number is Not Acceptable) 308 CANAL RD SARASOTA FL 34232 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE **PVST** Delete TITLE ☐ Addition ELSASSER, DON NAME NAME 3014 WOODPINE CIR STREET ADDRESS STREET ADDRESS 308 CANAL ROAD FC. 34231 CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME ELSASSER, DON NAME STREET ADDRESS STREET ADDRESS 308 CANAL ROAD 34231 CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP ☐ Defete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

FILED