2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 8:00 am Secretary of State DOCUMENT # P03000131074 1. Entity Name 05-01-2006 90295 023 ***150.00 GPS RELOCATION RESOURCES, INC. Principal Place of Business Mailing Address 2504 SUNSET WAY 840 BEACH DRIVE NE SAINT PETERSBURG FL 33701 PASS-A-GRILL FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 57-1194106 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON-GARNETT, BEVERLY Street Address (P.O. Box Number is Not Acceptable) 2504 SUNSET WAY PASS-A-GRILL FL 33706 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. 4-20-2006 BEVERLY J. GARNETT PRESIDENT SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JACKSON GARNETT, BEVERLY NAME STREET ADDRESS 840 BEACH DRIVE NE STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-ZIP TITLE VP ☐ Delete Change Addition NAME GARNETT, STANLEY NAME STREET ADDRESS 940 BEACH DRIVE NE STREET ADDRESS CBY-SI-ZIP SAINT PETERSBURG FL 33701 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JACKSON, ALFRED MAME STREET ADDRESS STREET ADDRESS 840 BEACH DRIVE NE CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33701 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I 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.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF BEVERLY J. GARMETT 727 415-377)