2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000134208 FILED Z MANAGEMENT GROUP, INC. 06 MAY 11 PM 2: 34 Principal Place of Business Mailing Address SECRETARY OF STATE 106 WOODSMUIR CT 106 WOODSMUIR CT TALLAHASSEE, FLORIDA PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 05092006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 76-0748161 Not Applicable Country Zip Country Ζiρ \$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 LAUGHLIN, DENNIS Street Address (P.O. Box Number is Not Acceptable) 106 WOODSMUIR CT PALM BEACH GARDENS, FL 33418 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 DATE (NOTE: Registered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change TITLE TITLE Addition ☐ Delete PRESIDEN NAME LAUGHLIN, DENNIS NAME Denvis R. 106 WOODSMUIR CT STREET ADDRESS STREET ADDRESS 106 WOODSMUTA FALM BLACK GARDEUS, 7(334) 8 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TILLE NAME LAUGHLIN, NANCY NAME STREET ADDRESS 106 WOODSMUIR CT STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP CITY-ST-70P VICE-PRESIDENT Addition ☐ Change TITLE ☐ Delete TITLE Dennis R. Laughlin, JR. NAME NAME STREET ADDRESS STREET ADDRESS BOCA RATON, 76. 33486 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete MIF ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE MAME NAME 3**00075219223** /25/06--01009--022 **61 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition MIE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.

Russ

G OFFICER OR DIRECTOR

SIGNATURE: _

MAY 11, 2006 561-626-8747