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

SIGNATURE:

Mar 01, 2006 8:00 am Secretary of State DOCUMENT # P0400009008 1. Entity Name 03-01-2006 90029 024 ***150.00 JOHN LONDONO, INC. Principal Place of Business Mailing Address 950 MURCOTT DRIVE NAPLES FL 34120 US 950 MURCOTT DRIVE NAPLES FL 34120 2. Principal Place of Business 3. Mailing Address 1001 Murco 1001 Murcot Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For FEI Number 20-0599555 Nap 1es Nae Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired **U** 5 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ondono, John LONDONO, JOHN Street Address (P.O. Box Number is Not Acceptable) 950 MURCOTT DRIVE NAPLES FL 34120 1001 Murcott 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 (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. $\alpha_{\mathcal{A}}$ TITLE ☐ Addition THLE ☐ Delete Londono, Joh LONDONO, JOHN NAME 1001 Murcott STREET ADDRESS 950 MURCOTT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP NAPLES FL 34120 TITLE S,D Delete TITLE Change ☐ Addition Londono, Angela M NAME LONDONO, ANGELA M MAME 1001 Murcot STREET ADDRESS STREET ADDRESS 950 MURCOTT DRIVE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34120 ☐ Delete TIT! E Change Addition TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ 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 TITLE ☐ Detete 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 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.

ING OFFICER OF DIRECTOR

FILED