2006 FOR PROFIT CORPORATION

May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-01-2006 90394 011 ***150.00 **DOCUMENT # P04000013474** 1. Entity Name SCHÉU BOX, INC. Principal Place of Business Mailing Address 106240 OVERSEAS HIGHWAY 106240 OVERSEAS HIGHWAY KEY LARGO, FL 33037 KEY LARGO, FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142006 Chg-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 51-1214111 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHEU, CASEY Street Address (P.O. Box Number is Not Acceptable) 106240 OVERSEAS HIGHWAY KEY LARGO, FL 33037 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 consted name of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITES Delete TITLE ■ Addition NAME SCHEU, WILLIAM E NAME 106240 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME SCHEU, CASEY NAME STREET ADDRESS 106240 OVERSEAS HIGHWAY STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIP TITLE TITLE Delete Change | ☐ Addition SCHEU, BARBARA NAME NAME 106240 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition SCHEU, VERONICA NAME NAME 106240 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS CITY - ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME

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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP