2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Apr 13, 2007 8:00 am Secretary of State DOCUMENT # P04000018285 1. Entity Name 04-13-2007 90180 021 ***150.00 PROMINENCE, INC. Principal Place of Business Mailing Address 12889 EMERALD COAST PARKWAY 12889 EMERALD COAST PARKWAY SUITE 111-A SUITE 111-A DESTIN, FL 32550 DESTIN, FL 32550 2. Principal Place of Business - No P.O. Box # 3. Mailing Address <u>6910 E</u> CR 30A <u>L910 E C1230-A</u> Suite, Apt. #, etc. Suite, Apt. #, etc 01102007 Cha-P CR2E034 (12/06) City & State City & State ' 4. FEI Number Applied For romunence 20-0740296 Prominenc Not Applicable \$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 Thomas B. Henry Jr HENRY, THOMAS B JR. Street Address (P.O. Box Number is Not Acceptable) 12889 EMERALD COAST PARKWAY SUITE 111-A DESTIN, FL 32550 cin Prominence 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 it applicable. (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE THILE Delete ☐ Addition ☐ Change HENTY Thomas BJr. NAME HENRY, THOMAS B JR. NAME STREET ADDRESS 12889 EMERALD COAST PARKWAY STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32550 CITY-ST-ZIP Prominence FL32413 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY, ST. 789 TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 recovered 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. SIGNATURE: 4

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