2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 28, 2006 8:00 am Secretary of State **DOCUMENT # P04000038174** 04-28-2006 90144 031 ***150 00 THE CORAL GABLES TRUST COMPANY 40067970 Principal Place of Business Mailing Address 255 ALHAMBRA CIR 255 ALHAMBRA CIR CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 3. Mailing Address 355 ALHAMBRA CIRCLE 2. Principal Place of Business 255 ALHAMBRA CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc 04262006 Chg-P CR2E034 (11/05) SUITE City & State 4. FEI Number Applied For 03-0536836 Not Applicable Country \$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 Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) OATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change see sheet attached BAILEY, R. KYLE NAME NAME 3225 S MACDILL AVE 3259 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition BAILEY, RON K NAME NAME STREET ADDRESS 937 SEDDON COVE WAY STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CHAMBERS, DAVID W.S. NAME NAME 3 AVONDALE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEWTON, PA 18940 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME COLE, TODD G NAME 60 EDGEWATER DR, APT 14E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33133 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME DAVIDSON, JAMES W NAME STREET ADDRESS 6395 MITCHELL MANOR CIR STREET ADDRESS PINECREST, FL 33156 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition FIELD, JANET L. RISI NAME NAME STREET ADDRESS 6080 W SUBURBAN DR STREET ADDRESS CITY-ST-ZIP PINECREST, FL 33156 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 receiper cyltrustee 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

ATTACHMENT

ADDITIONAL DIRECTORS

40067970 4P64000038174

Willard L. Wheeler 10800 Old Cutler Road Coral Gables, FL 33156

Dean C. Klevan, Jr. 255 Alhambra Circle, Suite 333 Coral Gables, FL 33134

Ron K. Bailey 550 North Reo Street, Unit #330 Tampa, FL 33609

George D. Mekras 434 Indies Drive Vero Beach, FL 32963

William Holly 724 Alhambra Circle Coral Gables, FL 33134

Peggy Sapp 7201 SW 47th Court Miami, FL 33143

Allan Pekor 700 NW 107th Avenue Suite 100 Miami, FL 33172

William T. Keon III 60 Edgewater Drive Apt. 11A Coral Gables, FL 33133