2006 FOR PROFIT CORPORATION

Apr 06, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000047697** 04-06-2006 90024 037 ***158.75 PELICAN INTERIORS INC. Principal Place of Business Mailing Address გზმნიია 3741 DUNBAR ROAD 3741 DUNBAR ROAD VENICE, FL 34293 US VENICE, FL 34293 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 33-1087315 Not Applicable Country Zin 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 MUCCI, DEBORAH J Street Address (P.O. Box Number is Not Acceptable) 3741 DUNBAR ROAD VENICE, FL 34293 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D Leonard Albert Mucci MLE ☐ Detete MLE ☐ Change ★ Addition MUCCI, JASON NAME NAME 5:193 Indian Mound Rd 3741 DUNBAR ROAD STREET ADDRESS STREET ADDRESS Sarasota, FL P 31232 CITY-ST-ZIP VENICE, FL 34293 CITY-ST-ZIP D TITLE ☐ Delete TILE `S∡T Change Addition Jason Muceld. NAME MUCCI, LEONARD A NAME STREET ADDRESS 3741 DUNBAR ROAD STREET ADDRESS CITY-ST-ZIP **VENICE, FL 34293** CITY-ST-ZIP Venice FL 34293 Leonard A. Mucci 3741 Dunbar Rd. Change TITLE Delete TITLE ☐ Addition NAME MUCCI, DEBORAH J NAME 3741 DUNBAR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 CITY-ST-ZIP Venice FL 34293 P Change ☐ Delete TIME ☐ Addition TITLE Deborah J. Mucci 3741 DUNBAR Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP venice FL 34293 TITLE ☐ Delete me ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED