2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2005 8:00 am Secretary of State **DOCUMENT # P04000050135** 1. Entity Name 05-04-2005 90184 001 ***150.00 FMCS WPB INC. Principal Place of Business Mailing Address 103 N MERIDIAN ST 103 N MERIDIAN ST 50048307 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business 931 Village 5100 3. Mailing Address 931 Village 61V2 Suite, Apt. #, etc. Suite, Apt. #, etc. 05022005 Chq-P CR2E034 (10/03) 50,JL Suite City & State City & State 4. FEI Numbe Applied For Beach , FL west. 20-11 84217 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 103 N MERIDIAN ST TALLAHASSEE, FL 32301 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME DHAWAN, SATISH NAME 13 MAPLE VIEW CS NEPEAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ONTARIO, CANADA K2G5J6, CITY-ST-ZIP Addition ☐ Delete TITLE TITLE Dhawas MAME NAME 9)1 Village blow Suik 905-157 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Palm Black IL 133409 tme Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-72P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 561 -681-5200 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



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Dear State of Florida,

I am acknowledging the tardy payment of my first Uniform Business report to the state of Florida. I am hopping that the state in its good graces will allow this day late payment to slip by as it was a minor accident on the part of myself. I happen to vacation of the days prior May 1st and had not gotten an email from my accountant saying fill out this form and mail it in until the late night May 1st, but the second I found out about the fee and report it was the first thing that I had completed and is being mailed out overnight first thing in the morning Monday the 2nd of May, I truly hope you understand being our first year in operation everything being new to us we miss some details (such as filing this report), but we try to rectify them as soon as possible and so that in the future we are better aware of what is to happen in the following years.

Thank you so much for your time and patience

Vik Dhawan