2007 FOR PROFIT CORPORATION

SIGNATURE:

Secretary of State ANNUAL REPORT 01-17-2007 90049 020 ***150.00 DOCUMENT # P04000055867 1. Entity Name D N COLVER, INC. 60002007 Principal Place of Business Mailing Address 3724 SURFSIDE BLVD 3724 SURFSIDE BLVD CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 US Principal Place of Business - No P.O. Box # 3. Mailing Address 3015 SWP: NEISland Rd STORE Suite, Apt. #, etc. 01092007 CR2E034 (12/06) City & State Applied For 4. FELNumber 20-0939931 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 CHOUINARD, JAMES A CPA Street Address (P.O. Box Number is Not Acceptable) 9541 CYPRESS LAKE DRIVE SUITE 5 FORT MYERS, FL 33919 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Delete noitibhA [COLVER, DAVID L NAME NAME 3724 SURFSIDE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition COLVER, NORMA Z NAME NAME 3724 SURFSIDE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP TITLE TILLE Delete ☐ Channe ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

FILED Jan 17, 2007 8:00 am