2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000078388 1. Entity Name 07-21-2006 90028 038 ***150.00 PRW & ASSOCIATES, INC. Principal Place of Business Mailing Address **GATANATA** 17257 DOLPHIN STREET EAST 17257 DOLPHIN STREET EAST SUGARLOAF KEY, FL 33042 SUGARLOAF KEY, FL 33042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07112006 Chg-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 02-0525139 Not Applicable Zip Country Zip 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 WELCH, PAUL R III 17257 DOLPHIN STREET EAST Street Address (P.O. Box Number is Not Acceptable) SUGARLOAF KEY, FL 33042 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change LOPRETE, CYNTHIA NAME WELCH, PAUL R III NAME 17257 DOLPHINST EAST 17257 DOLPIN STREET EAST: .. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUGARLOAF, FL 33042 CITY-ST-ZIP SUGARLOAF, KEY, FL 37042 TITLE Defete TITLE ☐ Change Addition NAME 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-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE NAME 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachpren) with an address, with, all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/05

FILED

Jul 21, 2006 8:00 am

305-69-006d