2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P04000088354** 1. Entity Name 04-28-2005 90160 012 ***158.75 MUTATUS, INC. Principal Place of Business Mailing Address 994 ARBOURS DR 994 ARBOURS DR PANAMA CITY, FL 32401 PANAMA CITY, FL 32401 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 Cha-P CR2E034 (10/03) City & State City & State 4. FÉI Number Applied For 56-2463888 Not Applicable Zip Country 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 Name OLSON, ISAAC D 994 ARBOURS DR Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY, FL 32401 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. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES Delete Addition TITLE TITLE ☐ Change OLSON, ISAAC D STREET ADDRESS 994 ARBOURS DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32401 CITY-ST-ZIP SECR TITLE Delete ☐ Change ☐ Addition OLSON, ANGELA T NAME NAME STREET ADDRESS 994 ARBOURS DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32401 CITY-ST-ZIP TITLE ☐ Delete TIRE ☐ Change Addition NAME 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 12. Thereby certify that the information supplied with this filling 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.

Isaac D. Olson, PRES 4/26/2005 (850) 866-1498

FILED