2006 FOR PROFIT CORPORATION

May 09, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000098173** 05-09-2006 90076 008 ***150 00 RHINO LAND AND MATERIALS, INC. 40089543 Principal Place of Business Mailing Address P.O. BOX 7540 341 NORTH MAITLAND AVE., STE. 340 MAITLAND, FL 32794 MAITLAND, FL 32751 3. Mailing Address 2. Principal Place of Business P.O. Box 2545 1151 N. Orange Suite, Apt. #, etc. 04302006 CR2E034 (11/05) Cha-P Applied For City & State Winter 4. FFI Number City & State Park Florida 20-1509367 Not Applicable Country USA Country Zip \$8.75 Additional 5. Certificate of Status Desired 32790 Fee Required NSA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TATICH, PHILIP Street Address (PO Box Number is Not Acceptable) 341 NORTH MAITLAND AVE., STE. 340 MAITLAND, FL 32751 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. (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 NOW!!! FEE'IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete Change ☐ Addition TITLE TITLE BANGLE, DOUG NAME NAME 1151 N. Orange Aue. STREET ADDRESS 341 NORTH MAITLAND AVENU SUITE 340 STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 Winter CITY-ST-ZIP VSD Delete TITLE TITLE NAME TATICH, PHILIP NAME 1151 N. Orange Ave STREET ADDRESS STREET ADDRESS 341 NORTH MAITLAND AVENUE CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-7/P Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE

12. Thereby certify that the information supplied with this filling 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 attactive my with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> HILLP TATICH ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED