2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # P04000108032 1. Entity Name 04-18-2005 90278 018 ***150.00 KEREN L. SUTHERLAND, INC. Principal Place of Business Mailing Address 1384 ESCOBAR AVENUE SPRING HILL FL 34608 1384 ESCOBAR AVENUE SPRING HILL FL 34608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For Not Applicable 01-0819329 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUTHERLAND, KEREN L Street Address (P.O. Box Number is Not Acceptable) 1384 ESCOBAR AVENUE SPRING HILL FL 34608 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, TITLE ☐ Change ☐ Addition TITE F Delete SUTHERLAND, KEREN L NAME NAME 1384 ESCOBAR AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34608 CITY-ST-ZIP TITLE ☐ Delete THUE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS SIMPLEMBURS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

SIGNATURE: K. L. Sutheland KEREN L. SUTHERLAND 4/11/05 (352)650-2327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dele Dayure Phone #