2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 16, 2005 8:00 am Secretary of State **DOCUMENT # P04000114287** 1. Entity Name 05-16-2005 90205 007 ***150.00 SCOTT BYERLY INC Mailing Address Principal Place of Business 5584 N DEANFD 5584 N DEANFD 50052794 CFLANDO FL 32817 OPLANDO, FL 32817 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 05102005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State Not Applicable Country \$8.75 Additional Zip Country Zip Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BYERLY, SCOTT C Street Address (P.O. Box Number is Not Acceptable) 5584 N. DEAN RD ORLANDO, FL 32817 Zip Code City 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 agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change ☐ Addition TITLE ☐ Delete NAME BYERLY, SCOTT C NAME STREET ADDRESS STREET ADDRESS 5584 N. DEAN RD CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32817 ☐ Delete ШΕ ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIII F ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE □ Change Addition 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.

CICMATIDE SIGNATURE