2006 FOR PROFIT CORPORATION

Apr 28, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-28-2006 90208 004 ***150.00 DOCUMENT # P04000116158 BRUCE CORWIN UNLIMITED, P.A. 60030923 Principal Place of Business Mailing Address 3121 SUNSET DRIVE 3121 SUNSET DRIVE BELLEAIR BLUFFS, FL 33770 BELLEAIR BLUFFS, FL 33770 02152006 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1470636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORWIN, BRUCE A DO NOT WRITE 3121 SUNSET DRIVE BELLEAIR BLUFFS, FL 33770 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and talle if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE CORWIN, BRUCE A NAME 3121 SUNSET DRIVE STREET ADDRESS BELLEAIR BLUFFS, FL 33770 CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-Si-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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 justee 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 all other tike empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED

PORICE A. CORWIN