2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

NATURE AND TYPED OR PRIN

SIGNATURE

FILED DOCÚMENT # P04000122323 Feb 27, 2006 08:00 AM Secretary of State 1. Entity Name MONCEAU INVESTMENT INC. Mailing Address Principal Place of Business 1125 REDWOOD STREET 1125 REDWOOD STREET HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 51-0520525 Not Applicable Zip Country Zip 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 ALZON, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1125 RÉDWOOD STREET HOLLYWOOD FL 33019 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 agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 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. TITLE DPS ☐ Delete TITLE ☐ Change Addition NAME ALZON, ROBERT NAKAF 100000449444 STREET ADDRESS STREET ADDRESS 1125 REDWOOD STREET 03/09/06-80054-022 150.00 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 Delete ☐ Change TITLE TITLE Addition NAME HEEREN, SUSAN NAME STREET ADDRESS 1125 REDWOOD STREET STREET ADDRESS CITY-ST-ZIF HOLLYWOOD FL 33019 COY-ST-782 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/8 CITY-ST-ZIP Delete TIRE ☐ Change BULF Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 repeiver 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