2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2007 8:00 am Secretary of State DOCUMENT # P04000123337 1. Entity Name 03-19-2007 90069 026 ***150 00 SCHUTTE PUNCHOUT SERVICE, INC. Mailing Address Principal Place of Business 482 DRIFTWOOD POINT ROAD **538 CALLE ESCADA** SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 2. Principal Place of Business - No P.O. Box # 3. Mailing Address ALOW Suite, Apt. #, etc Suite, Apt. #, etc. 03102007 Cha-P CR2E034 (12/06) Applied For 4. FEI Number City & State 20-1548625 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 1 AC 70.× 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONGLETON, BRAD Street Address (P.O. Box Number is Not Acceptable) 50 UPTOWN GRAYTON CIRCLE #15 SANTA ROSA BEACH, FL 32459 Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRES. Change ■ Addition TITLE TITLE ☐ Delete DAVIN SCHUTTE SCHUTTË, DAVID NAME STREET ADDRESS 482 DRIFTWOOD POINT RD STREET ADDRESS SANTA ROSA BEACH, FL 32459 CITY-ST-78P CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 12. I hereby 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 attachment with an address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED