2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING-OFFICER OF DIRECTOR

Apr 28, 2005 8:00 am Secretary of State DOCUMENT # P04000160262 04-28-2005 90160 026 ***150.00 LAKE ALFRED PROFESSIONAL SERVICES, INC. - 4000017 Principal Place of Business Mailing Address 210 N LAKE SHORE WAY PO BOX 557 LAKE ALFRED, FL 33850 LAKE ALFRED, FL 33850 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 Chg-P CR2E034 (10/03) City & State City & State 4. FÉI Number Applied For Not Applicable Zin Country Zio 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL: 33145 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. SIGNATÛRE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT TITLE ☐ Delete TITLE ☐ Change Addition PYLE, JAMES F NAME NAME STREET ADDRESS 210 N LAKE SHORE WAY STREET ADDRESS CITY-ST-ZIP LAKE ALFRED, FL 33850 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition GREEN, STEPHEN D NAME NAME STREET ADDRESS 210 N LAKE SHORE WAY STREET ADDRESS CITY-ST-7IP LAKE ALFRED, FL 33850 CITY-ST-ZIE ☐ Delete Change Addition TITLE TITLE ROBERTS, DAVID C NAME NAME STREET ADDRESS 210 N LAKE SHORE WAY STREET ADDRESS CITY-ST-ZIP LAKE ALFRED, FL 33850 CITY-ST-ZIP THILE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete THE TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME 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 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 truster empowered to execute this above 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 additional miles among the proposed to the corporation of the corporation

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