2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Jan 23, 2006 8:00 am **DOCUMENT # P04000166647 Secretary of State** 1. Entity Name 01-23-2006 90109 027 ***150.00 MARILYN M. KISTLER P.A. Principal Place of Business Mailing Address 11241 COMPASS POINT DRIVE 11241 COMPASS POINT DRIVE FORT MYERS, FL 33908 FORT MYERS, FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chq-P CR2E034 (11/05) Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KISTLER, MARILYN M Street Address (P.O. Box Number is Not Acceptable) 11241 COMPASS POINT DRIVE FORT MYERS, FL 33908 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. SIGNATURE 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 NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITI F Change ☐ Addition KISTLER, MARILYN M NAME NAME STREET ADDRESS 11241 COMPASS POINT DRIVE STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE 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 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 eath; 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 attactment with an address, with all other like empowered.

FILED