2006 FOR PROFIT CORPORATION

ANNUAL REPORT

Apr 26, 2006 8:00 am Secretary of State DOCUMENT # P04000172005 04-26-2006 90194 009 ***150.00 RICHARD A. STERNBERG, P.A. Principal Place of Business Mailing Address 40.063318 1695 SILVERWOOD ST 1695 SILVERWOOD ST TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-2158180 Not Applicable Country Zip Country Zip \$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 Name STERNBERG, RICHARD, Street Address (P.O. Box Number is Not Acceptable) 1695 SILVERWOOD ST TARPON SPRINGS, FL 34689 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. an. SIGNATURE. Signature, typed or printed name of registered agent and little 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, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition STERNBERG, RICHARD NAME NAME 1695 SILVERWOOD ST. STREET ADDRESS STREET ADDRESS TARPON SPRINGS, FL 34689 CITY-ST-73P CITY-ST-ZIP ☐ Defete TITLE TITLE П Спалов Addition NAME 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 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY+ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 affect 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 rijke empowered.

SIGNATURE:

RICHARD A STERNBALL

FILED