2006 FOR PROFIT CORPORATION

May 22, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P05000000730** 05-22-2006 90041 028 ***150.00 1. Entity Name VERSATILE WORKS INC Mailing Address Principal Place of Business 4961 NW 54TH STREET 4961 NW 54TH STREET COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05182006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable 54-2164711 Country Country Zip \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PORTER, CARLEESHA Street Address (P.O. Box Number is Not Acceptable) 4961 NW 54TH STREET COCONUT CREEK, FL 33073 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May 8e In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TIFLE PORTER, CARLEESHA NAME NAME STREET ADDRESS STREET ADDRESS 4961 NW 54TH STREET COCONUT CREEK, FL 33073 CITY-ST-78P CITY-ST-ZIF Addition ☐ Dalota TITLE NAME Please accept my payment for renewal. I did not recieve a renewal notice by mail. Thank you, Calleste Poter STREET ADDRESS CITY-ST ZIP ☐ Addition THILE NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition TITLE NAME STREET ADDRESS CGY-ST-7IP Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

I hereby certify that the information 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 12. I hereby certify that the information see changed, or on an attachment with an address, with all other like empowered.