2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 8:00 am Secretary of State DOCUMENT # P05000003405 1. Entity Name 05-01-2006 90313 017 ***158.75 DAVE UTLEY INTERIORS INC Principal Place of Business Mailing Address 5351 CLAY DRIVE LAKELAND FL 33813 5351 CLAY DRIVE LAKELAND FL 33813 3. Mailing Address 2. Principal Place of Business Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 20-2115322 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UTLEY, DAVID Street Address (P.O. Box Number is Not Acceptable) 5351 CLAY DRIVE LAKELAND FL 33813 City Zio 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 types or printed name of registered agent and little if applicable DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change TITLE ☐ Delete TITLE NAME UTLEY, DAVID KATHERINE B UTLEY STREET ADORESS STREET ADORESS 5351 CLAY DRIVE 5351 CLAY DR CITY-ST-ZIP AMELAND FL 33813 CITY-ST-ZIP LAKELAND FL 33813 ☐ Change Addilion TITLE ☐ Defete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-ZIP ___ Change ___ Addition - - Delete 111111Tille NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP ☐ Change ☐ Addition ☐ Delete MILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Hurther 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.