2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # P05000003497 04-12-2006 90102 035 ***150.00 SIZZLIN SCIENCE INC. DOUTHONG Principal Place of Business Mailing Address 2950 N.W. COMMERCE PARK DRIVE 2950 N.W. COMMERCE PARK DRIVE SUITE F-14 SUITE F-14 BOYTON BEACH, FL 33426 **BOYTON BEACH, FL 33426** 2. Principal Place of Business 3141 Fairlane Farms Td 3. Mailing Address 141 Suite, Apt. #, etc. 2 3141 Fairlane Forms rd Suite, Apt. #, etc. 03092006 Chg-P CR2E034 (11/05) A FELNumber Applied For City & State Fl. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EZRATTY, ANN S Street Address (P.O. Box Number is Not Acceptable) 3400 THOROUGHBRED RUN LAKE WORTH, FL 33467 City Zip Code a. 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 Sgrature, hyped or printed name of requiered agent and tide 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, 2008 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 ☐ Delote TITLE ☐ Change ■ Addition EZRATTY, ANN S NAME NAME STREET ADDRESS 3400 THOROUGHBRED RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH, FL 33467 HILE Change ☐ Addition Detete EZRATTY, MICHAEL J NAME IMME 3400 THOROUGHBRED RUN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NALA STREET ADDRESS STREET ADDRESS CITY-ST-IP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-2P □ Delete TIFLE ☐ Change ☐ Add4ion TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TETLE NAME STREET ADDRESS STREET ADDRESS COY-SI-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 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 chapter 607 and a material report as the compowered.

FILED Apr 28, 2006 8:00 am