2006 FOR PROFIT CORPORATION

Jul 14, 2006 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P05000016823 07-14-2006 90019 006 ***150.00 FREDCO GLOBAL CORPORATION Principal Place of Business Mailing Address 701 MIRROR LAKE DR N. 701 MIRROR LAKE DR N. ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33701 3. Mailing Address 2. Principal Place of Business 701 Mirror Lake Dr. N. 701 Mirror Lake Dr. N. # Suite, Apt. #, etc CR2E034 (11/05) 07102006 Cha-P 203 203 City & State City & State 4. FEI Number Applied For Saint Petersburg Saint Petersburg, FL ✓ Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33701-3258 33701-3258 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fred B. Russell NELISON, SCOTT F Street Address (P.O. Box Number is Not Acceptable) 4890 W. KENNEDY BLVD 701 Mirror Lake Dr. N. # TAMPA, FL 33609 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 Fred B. RUSSEll Signature, typed or printed name of registered agent and title 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 6, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Channe Russell, Fred B. RUSSELL, FRED B NAME NAME 701 Milior Lake Or. N. 4 203 STREET ADDRESS 701 MIRROR LAKE DR N #210 STREET ADDRESS ST PETERSBURG, FL 33701 CITY-ST-ZIP CITY-ST-7IP St. Petersburg, FL 33701-3258 TITLE Delete ШЕ Change ☐ Addition RUSSELL, FRED B Russell, Fred B. NAME NAME 701 Mirror LAKE Dr. N. #203 STREET ADDRESS 701 MIRROR LAKE DR N. #210 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33701 CITY-ST-ZIP St. Petersburg, FL 33701-3758 TITLE ☐ Defete TRLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TILE ☐ Change ☐ 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 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.

FILED