2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 8:00 am Secretary of State DOCUMENT # P05000017064 02-27-2006 90067 023 ***150 00 DON DUKE INVESTMENTS, INC. Principal Place of Business Mailing Address 1006 W BEARSS AVE 1006 W BEARSS AVE **TAMPA FL 33613 TAMPA FL 33613** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number EIN 36-4367 H2十 City & State City & State Applied For Not Applicable Zip Country \$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 DUKE, DONALD E Street Address (P.O. Box Number is Not Acceptable) 1006 W BEARSS AVE TAMPA FL 33613 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, typed or printed name of registered agent and title 4 applicable (NOTE: Registored Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition THE ☐ Delete DUKE, DONALD E NAME NAME STREET ADDRESS 1006 W BEARSS AVE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33613** CITY-ST-ZIP TITLE ٧S Delete TITLE Change Addition NAME DUKE, KATHERINE B STREET ADDRESS STREET ADDRESS 1006 W BEARSS AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33613 Change __________Addition Delete ---DUKE, DONALD E JR STREET ADDRESS STREET ADDRESS 1004 W BEARSS AVE CITY-ST-ZIP CITY-ST-7/P **TAMPA FL 33613** ☐ Delete Change Addition AUSTIN D. DUTE 1004 W BEARS AVE NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA, FL 33613 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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