2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 10, 2006 8:00 am Secretary of State DOCUMENT # P05000018279 05-10-2006 90091 007 ***150.00 BAGBY, PEARSON & POWERS, INC. Principal Place of Business Mailing Address 60037394 2. Principal Place of Business 3. Mailing Address 4802 Gunn (P05000018279P) 4406 Endicott 03242006 City & State 4. FEI Number Applied For 20-2310596 Not Applicable \$8.75 Additional 5. Certificate of Status Desired us 43 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPHEN A. KOCH, P.A. 500 EAST KENNEDY TAMPA, FL 33602 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Christopher Pearson Change TITLE TITLE 🗜 ☐ Delete PEARSON, CHRISTOPHER NAME NAME 4406 ENDICOTT PLACE STREET ADORESS STREET ADDRESS Tampa, Fl. 33612 CITY-ST-ZIP TAMPA, FL 33624 CITY-ST-ZIP Heather Bayby TITLE 7 ☐ Delete 🔀 Change Addition BAGBY, HEATHER NAME 14208 Ashburn Pl. STREET ADDRESS STREET ADDRESS 4406 ENDICOTT PLACE Tampa, Fl. 33624 CITY-ST-ZIP TAMPA, FL 33624 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition POWERS, JOANNE 4406 ENDICOTT PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33624 CITY-ST-ZIP Marylynn Pearson 10312 Caroll Cove Pl. TILE S TITLE ☐ Delete Change ☐ Addition HAME PEARSON, MARY LYNN HAME STREET ADDRESS 4406 ENDICOTT PLACE STREET ADDRESS Tampa, Fl. 33624 CITY-ST-ZIP TAMPA, FL 33624 CITY-ST-ZIP IIII F ☐ Delete TILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CRY-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. SIGNATURE:

FILED