2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 30, 2006 8:00 am Secretary of State **DOCUMENT # P05000024134** 04-28-2006 90165 048 ***150.00 1. Entity Name HIDDEN OAKS DEVELOPMENT OF MELBOURNE INC Principal Place of Business Mailing Address 3600 NORTH HARBOR CITY BLVD. 3600 NORTH HARBOR CITY BLVD. MELBOURNE, FL 32935 MELBOURNE, FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 04-3848705 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3600 NORTH HARBOR CITY BLVD MELBOURNE, FL 32935 City Zip Code 3. 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 Storature, typed or printed name of registered agent and tide if explicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Deleta tm F S ☐ Change Addition FEKANY, PATRICK NAME NAME STREET ADDRESS 3600 NORTH HARBOR CITY BLVD STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 CITY-ST-ZIP TITLE Detete TITLE ☐ Channe Addition NAME O'BRIEN, JEFFREY NAME STREET ADDRESS 2095 HIGHWAY A1A STREET ADDRESS INDIAN HARBOUR BEACH, FL 32935 CITY-ST-ZIP CITY-ST-7IP TO DESIGN THE PROPERTY OF THE Change TITLE MLE ☐ Addition NAME NAME STREET ADDRESS RECORDED FOR BY SHOULD BE STOCKED BY SHOULD BE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MINISTER X THE SUPPLY STATES X Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE The letter TITLE Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ACCRESS 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

SIGNATURE AND TYPED OR PEINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

2700006