2006 FOR PROFIT CORPORATION

Feb 24, 2006 8:00 am Secretary of State ANNUAL REPORT 02-24-2006 90001 048 ***150 00 **DOCUMENT # P05000028031** 1. Entity Name M & M RENTALS OF S.W. FLORIDA, INC. Mailing Address Principal Place of Business 1430 ROYAL PALM SQ. BLVD., #105 1430 ROYAL PALM SQ. BLVD., #105 FT. MYERS, FL 33919 FT. MYERS, FL 33919 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E034 (11/05) Applied For City & State City & State 4 FEI Number Not Applicable Country Zip Country Zip \$8.75 Additional -5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOOREY, THOMAS E Street Address (P.O. Box Number is Not Acceptable) 1430 ROYAL PALM SQ. BLVD., #105 FT. MYERS, FL 33919 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! 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 11. ☐ Delete TITLE Addition TITLE MOOREY, THOMAS E NAME NAME STREET ADDRESS 13610 BRYNWOOD LANE, SE STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33912 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE MOOREY, SCOTT T NAME NAME STREET ADORESS 14150 MCGREGOR BLVD. STREET ADDRESS FT. MYERS, FL 33919 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channe ■ Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS

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 suppliemental report is true and accurate and that my signature shall have the same legal affect 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 a cline like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-275-5005

Daytime Phone #

FILED