2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 30, 2006 8:00 am Secretary of State **DOCUMENT # P05000028194** 04-27-2006 90183 008 ***150.00 M & H PROFIT, INC. Mailing Address Principal Place of Business 00021~~~ 203 BUCK OR. 203 BUCK DR. FT WALTON BEACH, FL 32548 FT WALTON BEACH, FL 32548 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Act. #, etc. 04252006 Cho-P CR2E034 (11/05) Applied For City & State City & State 20-237654 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRIS, W. DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 203 BUCK DR. FT WALTON BEACH, FL 32548 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. Square handler arrived same of required agent and the flagor cable. (NOTE: Ricg stored Agont a group or required winch remaining) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete IME TITLE Charige Addition MORRIS, LARRY L KAME KULE STREET ADDRESS PO BOX 1297 STREET ADDRESS CITY-ST-7/P **DESTIN, FL 32540** CITY-ST-ZIP ۷D ME Delete TITLE ☐ Chance ☐ Addition HARRIS, WILLIAM KAME LAME. STREET ADDRESS 203 BUCK DR. STREET ADDRESS. CITY-ST-ZIP FT WALTON BEACH, FL. 32548 CITY SI ZIP TITLE Delete ☐ Change IIILE Addition **MAN** STREET ADDRESS STREET ADDRESS CITY-ST-20P CITY-SI ZIP Delete TILE TITO F ☐ Change Addition **LANE** STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ΠΩ.E ☐ Delete ITTLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Add±ion NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 cath; 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 gn address, with all other like empowered. PRIES 410 8654708 Liman L Morany SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR ARRESTOR

FILED