2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000037683 03-15-2006 90087 027 ***158.75 SUSAN LEE MAULLER, P.A. Principal Place of Business Mailing Address 8505 E HAMPTON POINT BLVD 8505 E HAMPTON POINT BLVD INVERNESS, FL 34450 INVERNESS, FL 34450 3. Mailing Address 2. Principal Place of Business 8505 E. Hampton Point Rd 8505 E. Hampton Point Rd. Inversess FL 02232006 CR2E034 (11/05) Chg-P Inverness City & State 4. FEI Number Applied For Inverness Fl 34-2041617 Not Applicable Country 以らみ \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Maulier, Susa~ MAULLER, SUSAN Street Address (P.O. Box Number is Not Acceptable) 8505 E HAMPTON POINT BLVD INVERNESS, FL 34450 City Inveness 34450 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. 3-10-06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change ☐ Addition TITLE ☐ Delete MAULLER, SUSAN NAME NAME 850S E. Hampton Point Rd. Inveness FL 34450 STREET ADDRESS 8505 E HAMPTON POINT BLVD STREET ADDRESS INVERNESS, FL 34450 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE MAULLER, JAMES NAME 8505 E. Hampton Point Rd. Inveness FL 34450 NAME 8505 E HAMPTON POINT BLVD STREET ADDRESS STREET ADDRESS INVERNESS, FL 34450 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delcte TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Lee Maulle 3-10-06 352-228-7981

FILED Mar 15, 2006 8:00 am