2006 FOR PROFIT CORPORATION

Feb 13, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P05000039356 02-13-2006 90035 030 ***150 00 HANNA & IMTIAZ, INC. Principal Place of Business Mailing Address 103 RAEMOOR DRIVE 103 RAEMOOR DRIVE PALM COAST, FL 32164 PALM COAST, FL 32164 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAVY, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 25 PINE CONE DRIVE SUITE 2A PALM COAST, FL 32164 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. 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. TITLE TITLE ☐ Delete CROWN, IMTIAZ A NAME NAME STREET ADDRESS 103 RAEMOOR DRIVE STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32164 CITY-ST-ZIP TITLE Delete TITLE Change Addition CROWN, HANNA NAME NAME STREET ADDRESS 103 RAEMOOR DRIVE STREET ADDRESS PALM COAST, FL 32164 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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 for 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 wi an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

FILED