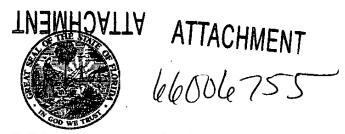
2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000040522 03-14-2006 90029 022 ***150.00 1. Entity Name NATE MACIONE PA Principal Place of Business Mailing Address 66000100 9835 CYPRESS HAMMOCK CIRCLE 9635 CYPRESS HAMMOCK CIRCLE BONITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 US 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 03112006 CR2E034 (11/05) City & State City & State 4. FEI Number 20-2606732 Applied For Not Applied For 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 MACIONE, NATHAN, Street Address (P.O. Box Number is Not Acceptable) 9635 CYPRESS HAMMOCK CIRCLE **BONITA SPRINGS, FL 34135** City 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 Florids. I am familiar with, and accept the obligations of registered agent. DATE (NOTE: Registered Agent aignature required when remittiting) \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE Addition MALE MACIONE, NATHAN NAME 9635 CYPRESS HAMMOCK CIRCLE #201 STREET ADDRESS STREET ADDRESS CTY.57.79 OTY-57-70 BONITA SPRINGS, FL 34135 TITLE Deleze TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZP CITY-57-29 TITLE ☐ Delete MLE Change ☐ Addiction NAME STREET ADDRESS STREET ACCRESS CTY-ST-ZP CTTY-ST-ZEP Delete TITLE Addition TTR F NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Change Addition C Delete TITLE NAME STREET ADDRESS STREET ADDRESS DTY-ST-ZP CITY-ST-ZP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I hather 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 chapter, or on an attactment with an address, with all office the empowered. SIGNATURE:

FILED Mar 23, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2006

NATE MACIONE PA 9635 CYPRESS HAMMOCK CIRCLE 201 BONITA SPRINGS, FL 34135 US

Subject: NATE MACIONE PA

Reference Number:

P05000040522

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD ANNUAL REPORTS SECTION