2006 FOR PROFIT CORPORATION

Jul 11, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000046237** 07-11-2006 90016 023 ***150.00 SCRIBEIT INC. Principal Place of Business Mailing Address 8550 SW 208 STREET 8550 SW 208 STREET MIAMI, FL 33189 MIAMI, FL 33189 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052006 CR2E034 (11/05) City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STERN, KENNETH H Street Address (P.O. Box Number is Not Acceptable) 8550 SW 208 STREET MIAMI, FL 33189 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 Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition FARRAR, DAVID NAME NAME 8550 SW 208 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33189 CITY-ST-ZIP VΡ TITLE Delete TITLE ☐ Change ☐ Addition NAME STERN, KENNETH H NAME 8550 SW 208 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33189 CITY-ST-7IP DIR TITLE ☐ Delete TITLE ☐ Addition ☐ Change FARRAR, DAVID NAME NAME 8550 SW 208 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33189 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 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 fusived 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

Delete

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

KENNETH H. STERN

7/5/06 305-

☐ Change

☐ Addition

FILED