2006 FOR PROFIT CORPORATION

Apr 24, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P05000049730 04-24-2006 90393 022 ***150.00 1. Entity Name A.J. TRUE INC. Principal Place of Business Mailing Address ... 4000 · ** * 4746 SATINWOOD TRAIL 4746 SATINWOOD TRAIL COCONUT CREEK, FL 33063 COCONUT CREEK, FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 20-2506589 Not Applicable Zip 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 TRUE, ANETTE Street Address (P.O. Box Number is Not Acceptable) 4746 SATINWOOD TRAIL COCONUT CREEK, FL 33063 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 DATE 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. П Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PD ☐ Addition TITLE ☐ Delete TITLE TRUE, ANETTE NAME NAME STREET ADDRESS 4746 SATINWOOD TRAIL STREET ADDRESS COCONUT CREEK, FL 33063 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

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 employment 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 wit other like emeowered.

NAME STREET ADDRESS

TITLE

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

100 IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition