Aug 21, 2006 8:00 am Secretary of State 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P05000061766 08-21-2006 90004 034 ***150.00 DAWSON ENTERPRISES, INC. Principal Place of Business Mailing Address 7928 ROYAL QUEENSLAND WAY **7928 ROYAL QUEENSLAND WAY** BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08122006 CR2E034 (11/05) Chg-P City & State Applied For City & State 4. FEI Number 20-2797071 Not Applicable Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAWSON, W. BRUCE Street Address (P.O. Box Number is Not Acceptable) 7928 ROYAL QUEENSLAND WAY BRADENTON, FL 34202 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition TITLE ☐ Defete DAWSON, W. BRUCE NAME NAME 7928 ROYAL QUEENSLAND WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition DAWSON, EVAN J NAME NAME STREET ADDRESS 7928 ROYAL QUEENSLAND WAY STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE DAWSON, MARCY E NAME NAME 7928 ROYAL QUEENSLAND WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIE BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete 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-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITI F TITLE 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 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/06

(941) 5450678

Daytime Phone #

FILED