SIGNATURE: __

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000070789 05-04-2006 90223 028 ***150.00 SELECT ONE INVESTMENT, INC. Principal Place of Business Mailing Address 66019963 2041 GOLFVIEW DRIVE 2041 GOLFVIEW DRIVE DUNEDIN, FL 34698 DUNEDIN, FL 34698 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 02282006 CR2E034 (11/05) City & State City & State FEI Numbe Applied For Not Applicable Zip Country Ziα Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADWAY, JACKIE 2041 GOLFVIEW DRIVE Street Address (P.O. Box Number is Not Acceptable) DUNEDIN, FL 34698 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 Sgrature, typed or pareed name of registered agent and table it explicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE . ☐ Delete TITLE ☐ Change ☐ Addition BRADWAY, JACKIE NAME NAME 2041 GOLFVIEW DRIVE STREE MODRESS STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE Ociete MUE ☐ Change Addition HAME HARE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-51-21P TITLE TITLE ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-72P TITLE Delete TITLE ☐ Change □ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delate TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Detects Change | ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-SI-29 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it. changed, or on an attachment with an address, with all of

FILED Jun 20, 2006 8:00 am