FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 15, 2006 8:00 am Secretary of State DOCUMENT # P05000081138 1. Entity Name 05-15-2006 90043 003 ***550.00 RICK SLUGA INC. Principal Place of Business Mailing Address 2504 REGATTA DRIVE 2504 REGATTA DRIVE SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 2504 - Regatta Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number 20 - 2940490 City & State Applied For Sarasota Not Applicable \$8.75 Additional 5. Certificate of Status Desired SARASITA Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -SLUGA, RICKY Street Address (P.O. Box Number is Not Acceptable) 2504 REGATTA DRIVE SARASOTA FL 34231 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 coinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete ☐ Change Addition SLUGA, RICKY NAME NAME STREET ADDRESS STREET ADDRESS 2504 REGATTA DRIVE CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP TITLE Delete TITLE Change Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition THILE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change ___ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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