2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE: _

an address, with all other like empowered **taul**

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14, 2006 8:00 am Secretary of State DOCUMENT # P05000090149 04-14-2006 90131 029 ***150.00 1. Entity Name ROYAL AMERICA, INC. Principal Place of Business Mailing Address 3419 TRENTWOOD BLVD 3419 TRENTWOOD BLVD ORLANDO, FL 32812 ORLANDO, FL 32812 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chq-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 20-3059517 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRETZ, PAUL F Street Address (P.O. Box Number is Not Acceptable) 3419 TRENTWOOD BLVD ORLANDO, FL 32812 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition NAME BRETZ, PAUL F NAME STREET ADDRESS 3419 TRENTWOOD BLVD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32812 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 CITY-ST-ZIP 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-ZIP 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 reserver 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

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