2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90414 050 ***150.00 DOCUMENT # P05000091676 COBIA PARTNERS, INC. UUU ** ~ ~ ~ Principal Place of Busir ess Mailing Address 3423 COBIA DR. 3423 COBIA DR. HERNANDO BEACH, FL 34607 HERNANDO BEACH, FL 34607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 20-3065233 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 MOORE, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 3423 COBIA DR. HERNANDO BEACH, FL 34607 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Change ☐ Addition TITLE Delete TITLE MOORE, KATHLEEN NAME NAME STREET ADDRESS 3423 COBIA DR. STREET ADDRESS CITY-ST-ZIP HERNANDO BEACH, FL 34607 CITY-ST-ZIP VD Delete TITLE Change Addition THIE MOORE, RUSSELL NAME NAME STREET ADDRESS 3423 COBIA DR. STREET ADDRESS CITY-ST-ZIP HERNANDO BEACH, FL 34607 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME DEVINNY, JOSEPH NAME 130 W. 36TH ST. STREET ADDRESS STRUET ADDRESS CITY-\$1-ZIP LONG BEACH, CA 90807 CITY-SI-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BLUML, ELIZABETH NAME NAME STREET ADDRESS 130 W. 36TH ST. STREET ADDRESS LONG BEACH, CA 90807 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition CLIFFORD, KEVIN NAME NAME STREET ADDRESS 6475 SHORE LINE DR., APT. 5405 STREET ADDRESS CHTY-ST-ZIP ST. PETERSBURG, FL 33708 CITY-ST-ZIP Change ☐ Delete Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP

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 direction 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 changed, or on an attachment with an address, with all other like empowered.

FILED

leauth

SIGNATURE X ELIZABETH BLUML KATHLEEN MOORE