2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P05000092203 04-30-2007 90467 023 ***150.00 THERIAQUE & VORBECK, P.A. Mailing Address Principal Place of Business 10065 WEST EMERALD COAST PKWY STE B-101 10065 WEST EMERALD COAST PKWY STE B-101 60045144 MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-3085405 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 VORBECK, GARY Street Address (P.O. Box Number is Not Acceptable) 10065 WEST EMERALD COAST PKWY STE B-101 MIRAMAR BEACH, FL 32550 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE Change ☐ Addition Theraque, Davio 433 N. Magnolia Brive THERIAQUE, DAVID NAME NAME STREET ADDRESS 1114 E PARK AVE STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP CITY-ST-7IP Tallahassee, FL. 32308 D TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME VORBECK, GARY NAME STREET ADDRESS 10065 WEST EMERALD COAST PKWY STE B-101 STREET ADDRESS CITY-ST-ZIP MIRAMAR BEACH, FL 32550 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 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 reporting the provided of the corporation of the

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