2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2006 8:00 am Secretary of State

| DOCUI 1. Entity Nam P. C. CHO | | | | 03-17-2006 90132 049 ***150.00 | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------|--------------------------------------------|--------------------------------|----------------------------------------------------|----------|---------------|---------------------------------------|-----------------|---------------------------|---------------------------|
| Principal Plac | e of Busines | S | Mailing Address | | | | | | | | |
| 8155 FORDHAN DR, PENSACOLA, FL 32514 US | | | 8155 FORDHAN DR, PENSACOLA, FL 32514 US | | | | | | | | |
| 2. Principal P | lace of Busin | ness | 3. Mailing Address | | | | | | | | |
| 1926 CREIGHTON ROAD | | | 1926 CREIGHTON ROAD | | | | | BB B | IEI IIBII BBIJE | 01194 18M) 69M 18 | S |
| Suite, Apt. #, etc. | | | Suite, Apt, #, etc. | | | | 02062006 | Chg-P | CR2E | 034 (11/05) | |
| PENSACOLA, FL | | | PENSALULA, FL | | | | 4. FEI Numb | er 324667 | 2 | | plied For t Applicable |
| Zip 32504 | | Country ESCAMBIA | 32504 | Cour | ntry SCAM | BIA | | e of Status Desired | | \$8.75 Add Fee Require | |
| | 6. Name | and Address of Current F | Registered Agent | | | | 7. Name and | d Address of New I | Registered | Agent | |
| HICKEY, RAYMOND G 913 GULF BREEZE PKWY SUITE #5 | | | و سما لت بر | | Name | Name | | | | | |
| | | | 4 | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| GULF BRE | EEZE, FL | 32561 | | L | | | | | | | |
| | | | | City | FL Zip Code | | | | | e | |
| 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 X RISONOS WWW UD 3/14/06 | | | | | | | | | | | |
| 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 Added to Fees | | | | | | | | | | ٠, | |
| 10. | 1 | OFFICERS AND (| DIRECTORS | 11. | , , | 18. | ADDITIONS | /CHANGES TO OF | ICERS AN | D DIRECTORS | S IN 11 |
| TITLE NAME | D CHO, P. (| _ y \: | ☐ Delete | TITL NAM | ae ' | | | | | Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 8155 FOF | RDHAN DR.' OLA, FL 32514 | | EET ADDRESS Y-ST-ZIP | | | | | | | |
| TITLE | D | | ☐ Delete | | TITLE | | | · · · · · · · · · · · · · · · · · · · | | Change | Addition |
| NAME STREET ADORESS | SON, SEI 8155 FOF | UNGO O RDHAN DR. | | ME Leef adoress | 1926 CREIGHTON ROAD, HC | | | | | | |
| CITY-ST-ZIP | 1 | OLA, FL 32514 | | | Y-ST-ZIP | PE | NSACO | LA, FL 3 | 254 | / | |
| FITLE NAME | į | | Delete | TITL NAA | | | | • | | Change | Addition |
| STREET ADDRESS | | | | STR | EET ADORESS | | | | | | |
| CITY-ST-ZIP TITLE | | · · | | TITL | Y-ST-ZIP F | | | | | ☐ Change | ☐ Addition |
| NAME | | | L_J Delete | NAM | ME | | | | | onlings | |
| STREET ADDRESS CITY-ST-ZIP | | | | | EET ADORESS Y-ST-ZIP | | | | | | |
| TITLE | | | ☐ Delete | TITL | | | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | 1 | | | NAM STR | ieet address | | | | | | |
| CITY-ST-ZIP | | | · | CITY | Y-ST-ZIP | | | | | | |
| TITLE NAME | | | ☐ Delete | TITL NAM | | | | | | Change | Addition |
| STREET ADDRESS | | | | | EET ADDRESS | | | | | | |
| City-St-ZiP | ertify that th | e information supplied with | this filing does not qualify | | Y-ST-ZIP cemptions co | ontained | in Chapter 11 | 9. Florida Statutes | I further ce | rtify.that the in | nformation |
| 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 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 leport as regarded by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an oddress, with all other like empowered. | | | | | | | | | | | |
| SIGNATURE: X Transplu (10) 3/14/06 | | | | | | | | | | | |
| | <u>-</u> | SIGNATURE AND TYPED OR PI | RINTED NAME OF SIGNING OFFICE | R OR DIREC | TOR | | | Date | | Daytime Phone # | |