2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # P05000113850** 1. Entity Name 04-24-2006 90386 041 ***158.75 FLORIDA GC, INC. Principal Place of Business Mailing Address 3 U V 3325 GRIFFIN ROAD 3325 GRIFFIN ROAD FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 2. Principal Place of Business Mailing Address 3325 Griffin ROAD 3325 Griffin RD 04212006 CR2E034 (11/05) #106 Applied For City & State Fort Can perpale. ort LAUDERDALE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONGDON SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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. ando 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Addition TITLE ☐ Delete TITLE Geoffrey C. Nicholson CONGDON, RAYMOND J NAME NAME STREET ADDRESS 3325 GRIFFIN ROAD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME BROWNE, LORA R NAME 3325 GRIFFIN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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12. Thereby 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 empowered.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

RAYMOND I GNG don, Pres 4/21/06 954 963-7575 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR