2006 FOR PROFIT CORPORATION

Apr 18, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000121899** 03-13-2006 90083 048 ***150.00 DOUBLE M DEVELOPMENT, INC. Principal Place of Business Mailing Address **3700 ALDERGATE PLACE 3700 ALDERGATE PLACE** 66010675 CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142006 Cha-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 20-4662077 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TANNOUS, BISHAR S Street Address (P.O. Box Number is Not Acceptable) 3700 ALDERGATE PLACE CASSELBERRY, FL 32707 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition PD TITLE Delete TITLE TANNOUS, BISHAR S NAME NAME STREET ADDRESS **3700 ALDERGATE PLACE** STREET ADDRESS CITY-ST-ZIE CASSELBERRY, FL 32707 CITY-ST-ZIF ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ___ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 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 at other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TED MAKE OF BIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition

FILED

2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/13/2006-90083-048-\$150.00-\$150.00

ATTACHMENT DOCUMENT # P05000121899 1. Entity Name DOUBLE M DEVELOPMENT, INC. 66010675 Principal Place of Business Mailing Address **3700 ALDERGATE PLACE** 3700 ALDERGATE PLACE CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable 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 TANNOUS, BISHAR S Street Address (P.O. Box Number is Not Acceptable) 3700 ALDERGATE PLACE CASSELBERRY, FL 32707 City 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, typed or printed name of registered agent and title if applicable (NOTE: Received Agent sonature required when minstaland) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Defete TITLE ☐ Change ☐ Addition NAME TANNOUS, BISHAR S NAME STREET ADDRESS 3700 ALDERGATE PLACE STREET ADDRESS CITY-ST-7P CASSELBERRY, FL 32707 CITY-ST-ZIP D Delete NTLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP City-St-7P TETTE Detate MLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-79 TID F ☐ Delete ☐ Addition KAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Oelete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P 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 amprovement that 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 exercises. SIGNATURE: Bishar Tennous