2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 14, 2006 8:00 am Secretary of State 09-14-2006 90001 015 ***150.00

| DOCUMENT # P05000124899 1. Entity Name MARY KENYON, P.A. | | | | | | | 09-14-2006 | 90001 015 ***15 | 50.00 |
|--|--|--------------------------------|---|--|---------------------|--|---------------------------------------|--------------------------------|------------------------------|
| Principal Place of Business Mailing Address | | | | | _ | 00000 | | | |
| 22548 MIDE | DLETOWN DRIVE 1, FL 33428 | 22548 MIDDLETOWN | Mailing Address 22548 MIDDLETOWN DRIVE BOCA RATON, FL 33428 | | | A STRAITERN TOL | 2018) OMA 2011 COM | BI NGLO NGIL OTBU IPUD KRIJO N | lii ch is i ch |
| Principal Place of Business 3 | | 3. Mailing Address | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 09072006 | Chg-P | CR2E034 (11/05) | | |
| City & State | | City & State | | | | 4. FEI Numbe | | | oplied For ot Applicable |
| Zip | Country | Zip | Coun | ntry | | | of Status Desired | See Require | |
| | Registered Agent | | Name | | 7. Name and | Address of New R | egistered Agent | | |
| MILLER, MARY | | | | Name Mary Kenyen | | | | | |
| 22548 MIDDLETOWN DRIVE BOCA RATON, FL 33428 | | | | Street Address (P.O. Box Number is Not Acceptable) 23546 Middle Dun | | | | | |
| | | | | | | | | | |
| | | | | City | Boxa Riton FL 33420 | | | | |
| | named entity submits this statement for | r the purpose of changing it | s register | ed office or | register | ed agent, or bot | n, in the State of Flo | orida. I am familiar with, | and accept |
| the obligations of registered agent. SIGNATURE: May be compared by the originative of registered agent and late if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| Old With It | Signature, typed or printed negler of registered agent a | and little if applicable. (NO | TE: Registere | d Agent signatu | re required | when reinstating) | | DATE | |
| FILE NOWIII FEE IS \$150.00 9. Election Campaign Fina Trust Fund Contribution | | | | | \$5. Add | \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | | ADDITIONS/ | CHANGES TO OFF | ICERS AND DIRECTOR | S IN 11 |
| TITLE | P | ☐ Delete | រោប | 1 | | | | ☐ Change | Addition |
| STREET ADDRESS | | | | EF ADORESS -ST-ZIP | | | | | |
| TITLE | BOCA RATON, FE 33428 | ☐ Delete | TITL | | | | · · · · · · · · · · · · · · · · · · · | | Addition |
| NAME STREET ADDRESS | | L. Delete | NAM STRE | EET ADDRESS | | | | ☐ Change | ☐ Xualion |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | |
| NAME STREET ADDRESS CITY-SI-ZIP | | □ Delete | | l l | | | | ☐ Change | Addition |
| ти | | ☐ Delete | tru | E | | | | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | ET ADORESS -ST-ZIP | | | | | |
| TITLE | | ☐ Delete | III | E | | | | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | E Et adoress -st-zip | | | | | |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLI NAM STRE | | | | | ☐ Change | ☐ Addition |
| 12. I hereby | certify that the information supplied with | this filing does not qualify f | City or the ex | -ST-ZIP emptions co | ontained | in Chapter 119 | Florida Statutes. I | further certify that the in | nformation |

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 cath; 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.

SIGNATURE: