2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000125441 07-14-2006 90021 027 ***150.00 E & E BARLETTA INC. Principal Place of Business Mailing Address 20125 BUTTERMERE CT 20125 BUTTERMERE CT ESTERO, FL 33928 ESTERO, FL 33928 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072006 CR2E034 (11/05) Chg-P City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAROTTA, EUGENE C Street Address (P.O. Box Number is Not Acceptable) 20125 BUTTERMERE CT ESTERO, FL 33928 Zip Code FL 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 Agen) signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change ☐ Addition TITLE MAROTTA, EUGENE C NAME NAME STREET ADDRESS 20125 BUTTERMERE CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ESTERO, FL 33928 TITLE VP ☐ Detete TITLE ☐ Change □ Addition MAROTTA, ELIZABETH J NAME NAME STREET ADDRESS 20125 BUTTERMERE CT STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP TREA ☐ Chance ☐ Addition ☐ Delete TITLE MAROTTA, EUGENE C NAME NAME STREET ADDRESS 20125 BUTTERMERE CT STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP Change ■ Addition SECR ☐ Delete TITLE TITI F NAME MAROTTA, ELIZABETH J NAME STREET ADDRESS STREET ADDRESS 20125 BUTTERMERE CT CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP ■ Addition TITLE Change Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition THIE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 all other like empowered,

FILED Jul 14, 2006 8:00 am

Daytime Phone #

EVENE CHARLES MAKOTA P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: