2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 02, 2006 8:00 am Secretary of State DOCUMENT # P05000129569 1. Entity Name 05-02-2006 90225 041 ***150.00 RANDALL LEE RINTALA, JR., PA Principal Place of Business Mailing Address 279 RIVER CREST CIRCLE 279 RIVER CREST CIRCLE SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3512971 Not Applicable Country Zip 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 MARK A VIOLETTE, PA Street Address (P.O. Box Number is Not Acceptable) 34990 EMERALD COAST PARKWAY SUITE 403 DESTIN, FL 32541 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete ☐ Addition TITLE ☐ Change RINTALA, JR., RANDALL L MAME NAME STREET ADDRESS 279 RIVER CREST CIRCLE STREET ADDRESS CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CDY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 within address, with all other like empowered.

FILED

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