2006 FOR PROFIT CORPORATION

SIGNATURE: 2

Apr 03, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000134057 04-03-2006 90374 028 ***150.00 NANCY STELLA GIRALDO PA Principal Place of Business Mailing Address 420 39TH AVENUE NW 420 39TH AVENUE NW NAPLES, FL 34120 NAPLES, FL 34120 2. Principal Place of Business 8171 Ibis Cove cincle 3. Mailing Address 8/7/ Ibis Cove Circle 03302006 CR2E034 (11/05) City & State APLE 5 City & State 4. FEI Number 20-3567241 Applied For Not Applicable Country 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 GIRALDO, NANCY S 420 39TH AVENUE NW NAPLES, FL 34120 COVE CIRCLE 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) 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. TITLE ☐ Delete CoiRAIdo, NANCYS Schang 8171 Ibis Core Circle. NAPLES FL. 34119. TITLE Change Change ☐ Addition GIRALDO, NANCY S NAME NAME STREET ADDRESS 420 39TH AVENUE NW STREET ADDRESS NAPLES, FL 34120 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Contibba NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition 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 chapter 119, Florida Statutes.

GNING OFFICER OR DIRECTOR

FILED