2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P05000134570 04-24-2006 90394 043 ***150.00 JFK OF LORIDA, INC. Principal Place of Business Mailing Address 225 EAST COMBOY WAY 225 EAST COWBOY WAY LABELLE, FL -33935 HABELLE, FL 33935 2. Principal Place of Business 3. Mailing Address 3731 DAKVIEW DRIVE 3731_OAKV1EW Suite, Apt. #, etc. 04202006 CR2E034 (11/05) Chg-P City & State Applied For City & State SEBRING, 4. FEI Number 20-3823808 FL DEBRING, Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 33876 HIGHLANDS 416HLANDS Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 3731 OAKVIEW DRIVE Street Address (P.O. Box Number is Not Acceptable) 225 EAST-GOWBOY WAY LABELLE, FL 33935 SEBRING, FL 33876 City Zip Coce 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 primed name of registered agent and title if applicable. (NOTE: Registered Agent agricuse required when resistating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE (Change ■ Addition TITLE Celete LOWE, JON NAME 3731 OAKVIEW DRIVE 225 EAST-GOWBOY WAY STREET ADDRESS STREET ADDRESS SEBRING, FL 33876 CITY-ST-ZIP LABELLE, FL 33935 CITY-ST-ZIP Defete ☐ Change Accition TITLE DIAZ, KENNETH C NAME NAME STREET ADDRESS 861 CR 78 W STREET ADDRESS CITY-ST-ZIP LABELLE, FL 33935 CITY-ST-7/P Delete ☐ Change ☐ Addition TITLE TILLE NAME PAINE, FREDERICK STREET ADDRESS STREET ADDRESS 823 LAGOON ST FT MYERS BEACH, FL 33931 CITY-ST-70P CITY-ST-ZIP Delete TITLE ☐ Change Aucition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZP CITY-ST-7P ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME. STREET ADORESS STREET ADDRESS CITY-53-7/P CITY-ST-ZIP ☐ Defete MLE ☐ Change ☐ Addition nne NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP 12. It hereby certify that the information supplied with this fitting 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. SIGNATURE AND TYPES OR PROPERTY NAME OF BIGHING OFFICER OR DIRECTOR

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Daytime Phone #

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