2006 FOR PROFIT CORPORATION

Apr 10, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000145882 04-10-2006 90300 027 ***150.00 1. Entity Name AMERICAN ASSEMBLY, INC. Principal Place of Business Mailing Address 609 DUNDEE DR 9430 SOLDIER CREEK RD PENSACOLA, FL 32507 LILLIAN, AL 36549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 Chg-P CR2E034 (11/05) 4. FEI Number 59-3567/45 City & State City & State Applied For Not Applicable Zip 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 WEAVER, WESLEY J Street Address (P.O. Box Number is Not Acceptable) 609 DUNDEE DR PENSACOLA, FL 32507 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) 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete TITLE ☐ Addition PENNINGTON, TERRY R JR NAME NAME 9430 SOLDIER CREEK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LILLIAN, AL 36549 CITY-ST-ZIP TITLE STD ☐ Delete ☐ Change ☐ Addition PENNINGTON, ERIKA K NAME NAME 9430 SOLDIER CREEK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIE LILLIAN, AL 36549 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ 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 ☐ Change ☐ Addition TITLE NAME NAME

FILED

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. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP