2006 FOR PROFIT CORPORATION -ANNUAL REPORT

د ماند.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTE

May 16, 2006 8:00 am Secretary of State **DOCUMENT # P05000152214** 04-24-2006 90345 050 ***150.00 INNOVATIVE CLOSING SOLUTIONS, INC. Principal Place of Business Mailing Address 328 MINORCA AVE 328 MINORCA AVE CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 CR2F034 (11/05) City & State City & State Applied For Not Applicable 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 LEVINE LAW OFFICES Street Address (P.O. Box Number is Not Acceptable) 328 MINORCA AVE CORAL GABLES, FL 33134 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: Recistered Agent signature required when registating) 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 ☐ Delete TITLE TITLE ☐ Chance ☐ Addition LEVINE, JEREMY MARK NAME 328 MINORCA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-7/P TITLE ☐ Chance ☐ Addition Defete HAME TRYSON, AVI NAME STREET ADDRESS 328 MINORCA AVE STREET ADORESS CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME SCHIMDT, SARA NAME STREET ADDRESS 328 MINORCA AVE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE X Delate ☐ Change ☐ Addition EGLINTON, SCOTT NAME NAME 328 MINORCA AVE STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CUTY-ST-7/P TILLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the examptions 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 in the corporation 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 in the corporation of the corporatio of the corporation or the receiver or trusted empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

OF SIGNING OFFICER OR DIRECTOR

FILED