2007 FOR PROFIT CORPORATION

Jan 29, 2007 8:00 am Secretary of State ANNUAL REPORT 01-29-2007 90096 031 ***150.00 **DOCUMENT # P05000153371** BANANA RIVER TECHNOLOGY CONSULTING, INC. 60009389 Principal Place of Business Mailing Address 2997 NEWFOUND HARBOR DRIVE 2997 NEWFOUND HARBOR DRIVE MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252007 CR2E034 (12/06) Cha-F City & State City & State 4. FEI Number Applied For 22-3918241 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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 reinstaling) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PVST** OPS TITI F ☐ Delete TITLE Change : ☐ Addition moutton Kathy 2997 Nawfound Harbor Orive MOULTON, KATHY NAME NAME STREET ADDRESS 2997 NÉWFOUND HARBOR DRIVE STREET ADDRESS MERRITT ISLAND, FL 32952 CITY-ST-ZIP CITY-ST-ZIP Merrith Island, Fl. 32952 TITLE DVT ☐ Change ☐ Delete TITLE Addition Solvatore, Jesse 2997 Newfound Harbor Drive MOULTON, KATHY NAME NAME 2997 NEWFOUND HARBOR DRIVE STREET ADDRESS STREET ADDRESS MERRITT ISLAND, FL 32952 CITY-ST-ZIP CITY-ST-ZIP Merrit Island, Fl. 32952 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 Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE

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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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP