2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000156962 02-22-2006 90017 027 ***150.00 THE ROCKET CITY CORPORATION Principal Place of Business Mailing Address 3815 N. US 1 3815 N. US 1 PPUUTJUU #64 COCOA, FL 32926 COCOA, FL 32926 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02092006 Chg-P 4. FEI Number Applied For City & State City & State 20-385*05*33 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo BYNUM, DANIEL M - Street Address (P.O. Box Number is Not Acceptable) 3815 N. US 1 #64 COCOA, FL 32926 Zip Code City 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 SIGNATURE (NOTE: Registered Agent algorature required when reinstating) DATE Signature, typed & ponted name of registered agent and little if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition PSD Delete Change TITLE TITLE BYNUM, DANIEL M NAME NAME STREET ADDRESS 719 FORREST AVE #3 STREET ADDRESS COCOA, FL 32922 CITY-ST-ZIP CITY-ST-ZIP Change VPTD Addition Ocketa TITLE PRATHER, CHRIS A NAME NAME 719 FORREST AVE #5 STREET ADDRESS STREET ADDRESS COCOA, FL 32922 CITY-51-77 CITY: ST-ZIP TITLE Change ___ Addition Delete TITLE NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZP Change Addition TITLE Delete MLE NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 cath; 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 attacpment with an address, with all other like empoyered.

anie

FILED

Mar 10, 2006 8:00 am