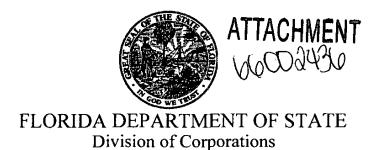
2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000157564 02-08-2006 90003 034 ***150.00 1. Entity Name NC21636, INC. Principal Place of Business Mailing Address 00006400 333 NW 3RD AVE 333 NW 3RD AVE **OCALA, FL 34475** OCALA, FL 34475 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3870195 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLEIN, H RANDOLPH Street Address (P.O. Box Number is Not Acceptable) 333 NW 3RD AVE OCALA, FL 34475 City 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 SIGNATURE Signature, typed or printed nerve of registered agent and see if applicable. (NOTE: Flag-stered Agent signature required when remetating) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE **Addition** TITLE KIEIN H. RANDOWA 353 NW 3 AD AVE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-71P TITI F Channe Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-70P CITY-ST-792 TIZEF Change Addition TITLE Delete MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this liling 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 H. RANDOLPH KIEM SIGNATURE:

FILED

Feb 24, 2006 8:00 am



February 9, 2006

NC21636, INC. 333 NW 3RD AVE OCALA, FL 34475

Subject: NC21636, INC.

Reference Number:

P05000157564

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION