2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 23, 2006 8:00 am Secretary of State DOCUMENT # P05000158675 1. Entity Name 03-23-2006 90022 013 ***150.00 DAVID M. GOLDBERG PA Principal Place of Business Mailing Address 8337 WOODBRIDGE POINTE FT MYERS FL 33912 8337 WOODBRIDGE POINTE FT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address 2400 First Street 2400 First Street Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Suite 210 Suite 210 City & State City & State Applied For 4. FEI Number Fort Myers, Fort Myers, 20-3853224 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33901 33901 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent David M. Goldberg GOLDBERG, DAVID M Street Address (P.O. Box Number is Not Acceptable) 2400 First Street 8337 WOODBRIDGE POINTE FT MYERS FL 33912 Suite 210 Fort Myers 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, tread or printed name of registered agent and title if applicable (NOTE: Registered Agent signature recoved when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Goldberg, David M. 2400 First Street, Suite 210 Fort Myers, Florida 33901 GOLDBERG, DAVID M NAME NAME STREET ADDRESS 8337 WOODBRIDGE POINTE STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33912 CITY-ST-ZIP TITLE ☐ Delete TITLE X Channe ☐ Addition NAME GOLDBERG, DAVID M NAME Goldberg, David M. 2400 First Street, Suite 210 STREET ADDRESS 8337 WOODBRIDGE POINTE STREET ADDRESS Fort Myers, Florida 33901 CITY-ST-ZIP FT MYERS FL 33912 CITY-ST-ZIP TITLE - Datete !!11. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TIFLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P Delete THEF ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

239-332-0435