2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 04, 2006 8:00 am Secretary of State DOCUMENT # P05000161387 1. Entity Name 05-04-2006 90241 045 ***150.00 BRUCE S. BUTLER, P.A. Mailing Address Principal Place of Business 2754 W. ATLANTIC BLVD. 2754 W. ATLANTIC BLVD. SUITE 1 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address 4111 2.0 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE 12 City & State City & State 4. FEI Number Applied For 20-446 4175 Not Applicable Zip 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 . 41-er BUTLER, BRUCE S Street Address (P.O. Box Number is Not Acceptable) 2754 W. ATLANTIC BLVD. SUITE-1 POMPANO-BEACH FL 33069 Zip Code 33064 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. 4/18/06 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 : Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Defete Change THEF TITLE ☐ Addition NAME BUTLER, BRUCE S NAME STREET ADDRESS STREET ADDRESS 2754 W. ATLANTIC BLVD. CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete ☐ Change ☐ Addition TITLE 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

4/17/06 954-401-8601

Dayume Phone #