2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2006 8:00 am Secretary of State DOCUMENT # P05000162279 1. Entity Name 03-21-2006 90056 001 *****8.75 CHRISTINE SINGER, INC. 03-21-2006 90056 002 ***150.00 Principal Place of Business Mailing Address 1756 N BAYSHORE DR. APT.19-A 1756 N BAYSHORE DR. APT.19-A MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 20-3944822 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 LEGAL ZOOM NEVADA, INC. Street Address (P.O. Box Number is Not Acceptable) 44 W. FLAGLER STREET **SUITE 675 MIAMI FL 33130** 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be 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 TITLE ☐ Change ☐ Addition ☐ Delete NAME SINGER, CHRISTINE NAME STREET ADDRESS 1756 N BAYSHORE DR. APT.19-A STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33132** CITY-ST-ZIP Delete ☐ Change TITLE DRE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition 1144.1F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE Defete TITL F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Chapne ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

Christine Singer, Res. Christine Singer, Res.

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (4

FILED