2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

GNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _/

Aug 14, 2006 8:00 am Secretary of State 08-14-2006 90040 005 ***550.00 DOCUMENT # P05000165331 DUNCAN INTERNATIONAL INC. 40101396 Principal Place of Business Mailing Address POST OFFICE BOX 720746 POST OFFICE BOX 720746 ORLANDO, FL 32782-0746 ORLANDO, FL 32782-0746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number Not Applicable Zip Country 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 DUNCAN, NORMAN J Street Address (P.O. Box Number is Not Acceptable) 2830 RIVER RIDGE DRIVE ORLANDO, FL 32825 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE TITLE ☐ Change Addition Delete DUNCAN, NORMAN J NAME NAME 2830 RIVER RIDGE DRIVE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32825 CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete ☐ Addition TITLE TITLE NAME DUNCAN, NORMAN J 2830 RIVER RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE NAME 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 TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition ☐ Delete TITLE 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 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

NORMAN J. DUNCAN, PRESIDENT 8-8-2006