2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE

TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 11, 2006 8:00 am Secretary of State DOCUMENT # P05000168406 07-11-2006 90018 017 ***150.00 1. Entity Name **ELEMENT INVESTMENT GROUP INC** Principal Place of Business Mailing Address 4UUJUUU * 5861 SW 13 TERRACE 14355 SW 57 LANE MIAMI, FL 33145 UNIT 9 MIAMI, FL 33183 2. Principal Place of Business 3. Mailing Address 5861 SW 13 + CYFAC.C. Suite, Apt. #, etc. Suite, Apt, #, etc. 07072006 CR2E034 (11/05) Cha-P Applied For City & State 4. FEi Number miami, FL. 26-0132381 Not Applicable Zip Country County \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALLINA, DIEGO L Street Address (P.O. Box Number is Not Acceptable) 14355 SW 57 LANE UNIT 9 MIAMI, FL 33183 8. The above named entity sub his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamit with, and accept the obligations of registered SIGNATURE_ Signature, typed or printe of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 President TITLE Change . ☐ Addition TITLE ☐ Delete Ballina, DILgo L. NAME BALLINA, DIEGO L NAME 5861 SW BHERTALE 14355 SW 57 LANE UNIT 9 STREET ADDRESS STREET ADDRESS WIAMI, FL- 33145 CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME BALLINA, LISETTE NAME STREET ADDRESS 14355 SW 57 LANE UNIT 9 STREET ADDRESS MIAMI, FL 33183 CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete 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 of 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 abdress, with all other like empowered.

FILED

205-710-0880

Daytime Phone #