2007 FOR PROFIT CORPORATION

Apr 17, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P06000057299** 04-17-2007 90051 005 ***150.00 PETER THEORET, INC. Mailing Address Principal Place of Business 4926 HOLLY BAY WAY 4926 HOLLY BAY WAY ORLANDO, FL 32829 ORLANDO, FL 32829 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032007 CR2E034 (12/06) Chg-P City & State Applied For City & State 4. FEI Number 02-0775927 Not Applicable Zip Country \$8.75 Additional Country Ζiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name THEORET, PETER L Street Address (P.O. Box Number is Not Acceptable) 4926 HOLLY BAY WAY ORLANDO, FL 32829 City Zip Code FL 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 DATE Signature, typed or printed name of registered epent and title if epolicable (NOTE: Recistered Agent manature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ■ Addition TITLE ☐ Change TITLE Delete NAME THEORET, PETER L NAME STREET ADDRESS 4926 HOLLY BAY WAY STREET ADDRESS Crty-ST-ZIP ORLANDO, FL 32829 CITY-ST-ZIP V/D Delete ☐ Change ■ Addition TITLE TITLE NAME THEORET, LORRAINE B NAME STREET ADORESS STREET ADORESS 4926 HOLLY BAY WAY CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32829 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like ampowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PETER THEORET

Date 4-4-07 Daytime Phone # 407-380-0722

☐ Change

☐ Addition

FILED