2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 10, 2007 8:00 am Secretary of State **DOCUMENT # P06000102827** 05-10-2007 90021 022 ***150.00 WEATHERLY & ASSOCIATES, INC. Mailing Address Principal Place of Business 1796 STERNWHEEL DR P.O. BOX 24105 JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32241 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 1796 Sternwheel pr Suite, Apt. #, etc. Suite, Apt. #, etc. 05072007 CR2E034 (12/06) Chg-P City & State __ Applied For City & State 4. FEI Number Jacksonville, 7 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEATHERLY, KYONG H Street Address (P.O. Box Number is Not Acceptable) 1796 STERNWHEEL DR JACKSONVILLE, FL 32223 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 pigrature required when reinstating) DATE 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWIH FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11 ☐ Addition ☐ Delete TITLE ☐ Change TITLE KAME WEATHERLY, FRANK W STREET ADDRESS 1796 STERNWHEEL DR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32223 CITY-ST-ZIP ☐ Delete Change ☐ Addition WEATHERLY, KYONG H HALE HAME STREET ADDRESS STREET ADDRESS 1796 STERNWHEEL DR CITY-ST-ZIP JACKSONVILLE, FL 32223 CITY-ST-ZIP MILE TITLE ☐ Delete ☐ Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HALE HALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZDP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITS F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.

FILED