2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2006 8:00 am Secretary of State DOCUMENT # P92000006635 1. Entity Name 04-10-2006 90290 008 ***150 00 THORNTON PARK OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 11 N SUMMERLIN AVE 11 N SUMMERLIN AVE ORLANDO, FL 32801 US ORLANDO, FL 32801 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #_etc. CR2E034 (11/05) 03172006 Chg-P SUITE 101 101 SUITE Applied For City & State 4. FEI Number City & State 59-3150591 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAMPY, PHIL Street Address (P.O. Box Number is Not Acceptable) 11 N SUMMERLIN AVE ORLANDO, FL 32801 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 agenta SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change ☐ Addition MIE ☐ Delete RAMPY, PHIL NAME NAME STREET ADDRESS 11 N SUMMERLIN AVE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ORLANDO, FL 32801 Delete Change Addition VD TITLE TITLE ARCH, RUTHANNE 1770 WALNUTAVE. WINTERPARK, FL 32789 NAME BALZ, GERALD H NAME STREET ADDRESS 4153 S. ATLANTIC AVE., UNIT 104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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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 of the corporation of the corporation of the receiver or trustee empowered.

SIGNATURE: