2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

FILED DOCUMENT # P92000007497 06 JUL 18 AM 9: 46 R.J. VICTOR ENTERPRISES, INC. LLCRETARY OF STATE Principal Place of Business Mailing Address INLLAHASSEE. FLORIDA 3200 GORDON DRIVE 3200 GORDON DRIVE NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 65-0375247 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VICTOR, RONALD P 3200 GORDON DRIVE Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34102 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 signature required when reinstating) \$5.00 Marger 25/06--01037--009 **61.25 9. Election Campaign Financing Amended AR is \$61.25 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** Delete TITLE Change ☐ Addition TITLE P/D NAME VICTOR, RONALD P. NAME 3200 GORDON DRIVE STREET ADDRESS STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP CITY-ST-ZIP S/T/D THE ☐ Delete TITLE Change ★ Addition NAME Victor, Jennifer-helyne NAME STREET ADDRESS STREET ADDRESS 3200 Gordon Drive CITY-ST-ZIP CITY-ST-ZIP Naples, Florida 34102 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition yc 7/24 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. Thereby 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 supplied to the composition of 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 a attachment with an address, with all other like empowered.

Ronald P. Victor, President

MONING OFFICER OR DIRECTOR

07/10/06

239-430-7571