2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 06, 2007 08:00 A Secretary of State DOCUMENT # P92000012692 D.W. PERRY & COMPANY, INC. Principal Place of Business Mailing Address 5555 N. OCEAN BLVD., #35 LAUDERDALE BY THE SEA FL 33308 5555 N. OCEAN BLVD., #35 LAUDERDALE BY THE SEA FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0375774 Not Applicable Zıp Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PERRY, DAVID W Stroot Address (P.O. Box Number is Not Acceptable) 5555 N. OCEAN BLVD., #35 LAUDERDALE BY THE SEA FL 33308 Zip Code 8. The above named ontity 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS:\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PERRY, DAVID W NAME NAME U00000693045 5555 N. OCEAN BLVD., #35 STRUET ADDRESS STREET ADDRESS 04/16/07-80024-010 150.00 LAUDERDALE BY THE SEA FL 33308 CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE ☐ Change Addilion NAMI: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-SI-ZIP TIME ☐ Delete TITLE Change Addition | NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ME □ Defete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP THE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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. I ferning that my name appears in Block 10 or Block.

CITY-SI-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEBOR DIRE

CITY-ST-ZIP

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- Jan 19.0