2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 8:00 am Secretary of State DOCUMENT # P93000042729 1. Entity Name 05-03-2004 90749 019 ***150.00 NORDIC OF FLORIDA DEVELOPMENT, INC. Principal Place of Business Mailing Address 4520 4TH AVE. EAST 4520 4TH AVE. EAST BRADENTON, FL 34208 US BRADENTON, FL 34208 US 2. Principal Place of Business 3. Mailing Address 3890 BAST STATE RD 64 3890 EAST STATE RO LY Suite, Apt. #, etc. Suite, Apt. #, etc. 101 04262004 Chg-P CR2E034 (10/03) SUITE SUITE 4. FEI Number Applied For WOTWOOD 65-0413516 Not Applicable \$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 Name HAMLIN, CURTIS D Street Address (P.O. Box Number is Not Acceptable) 1205 MANATEE AVENUE WEST BRADENTON, FL 34205 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) DATE 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11.. Change TITLE ☐ Delete TITLE NAME KEATING, KENNETH D NAME 3890 EAST STATE RD 64 4520 4TH AVE. E. STREET ADDRESS STREET ADDRESS BRANDENTON, FL 34208 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE WORTHINGTON, NORMAN A NAME NAME STREET ADDRESS 4074 ROBERTS POINT RD. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34242 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition KEATING, BRENDA J NAME NAME 3890 EAST STATE RO 64 4520 4TH AVE. EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -- □ Defete--- ---☐ Change ☐ Addition NAME . . NAME STREET ADDRESS STREET ADDRESS t amorton at CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR