2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P93000045917 1. Entity Name KINGS TROLLEY CO., INC. Mailing Address Principal Place of Business 998 S. MILITARY TRAIL 998 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442 US DEERFIELD BEACH, FL 33442 US 11. 15 平分的数 36. 可可能够多多 No Chg-P CR2E034 (11/05) 01102006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2757161 Not Applicable \$8.75 Additional received a law regularies for Hallingham ber bereither Berlin 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE PEREZ, JOSEPH D. 5326 FLAMINGO COURT COCONUT CREEK, FL 33073 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and trie if applicable. (NOTE. Registered Agent signature required when rematating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE PEREZ, JOSEPH D SR NAME STREET ADDRESS 5326 FLAMINGO COURT U00000539016 CITY-ST-ZIP COCONUT CREEK, FL 33073 TITLE VT NAME PEREZ, JOSEPH D JR 4771 NW 13TH AVENUE STREET ADDRESS CITY - ST-ZIP POMPANO BEACH, FL 33064 S TITLE PEREZ, DARCY NAME 4500 NW 12TH DR. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP POMPANO BEACH, FL 33064 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CiTY-ST-719

SIGNATURE: 2