2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P93000067536 Jan 31, 2006 08:00 AM 1. Entity Name **Secretary of State** LAWRENCE M. BURRELL, JR., P.A. Principal Place of Business Mailing Address 2880 SE DOWNWINDS RD JUPITER FL 33478 US 2880 SE DOWNWINDS RD JUPITER FL 33478 2. Principal Place of Business 3. Maing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0447677 Not Applicat Zip Country 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 L. M. BURRELL, JR. Street Address (P.O. Box Number is Not Acceptable) 2880 SE DOWNWINDS RD JUPITER FL 33478 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 access the obligations of registered agent Signature typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when roinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May E 9. Election Campaign Financing After May 1, 2006 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 Change Additio TITLE ☐ Delete U00000409040 BURRELL, LAWRENCE M JR NAME MAME 02/08/06-80082-020 150.00 STREET ADDRESS STREET ADDRESS 2880 SE DOWNWINDS RD CITY - ST - ZiP CITY-ST-ZIP JUPITER FL 33478 ☐ Delete ☐ Change ☐ Add@ii TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-789 ☐ Delete ☐ Change Addition THE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Adiágia TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Delete TITLE Action 4 TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY: ST: 718 TITLE ☐ Delete TITLE ☐ Change □ Add" NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 oath, that I am an officer or direction 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 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE M. BUMELL, JA /2606 561-747-57: