2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2006 8:00 am Secretary of State DOCUMENT # P94000021717 04-19-2006 90086 040 ***150.00 APPEARANCE DYNAMICS, INC. Principal Place of Business Mailing Address 40053485 9548 EAST LAKE DR 9548 EAST LAKE DR BOCA RATON, FL 33434 BOCA RATON, FL 33434 2. Principal Place of Business [40] VILLAGE BUD Mailing Address to VILLAGE BLVD. 401 Suite Apt. # 03192006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For MACON BEACH. 65-0470993 Not Applicable \$8.75 Additional 5. Certificate of Status Desired W. Paun Beach Fee Required 6. Name and Address of Current Registered Ag 7. Name and Address of New Registered Agent CORPADO KICHARD CORRADO, RICHARD 9548 EAST LAKE DR (P.O. Box Number Is Not Acceptable) BOCA RATON, FL 33434 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematiting) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE M Change CORRADO, RICHARD CORRADO, RICHARD NAME NAME 1401 VILLAGE BUD # 1414 STREET ADDRESS 9548 EAST LAKE DR STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 CITY-ST-7IP 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 TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP me Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TILLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attachaged with an address, with all other like empowered. RICHAZO SIGNATURE:

FILED