2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P94000072222 1. Entity Name EAGLE MINI-STORAGE, INC. Principal Place of Business Mailing Address 3884 TAMPA RD. 3884 TAMPA RD OLDSMAR FL 34677 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State City & State Applied For 59-3273944 Not Applicat Zip Country 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 PFRENGLE, K.R. Street Address (P.O. Box Number is Not Acceptable) 3884 TAMPA RD. OLDSMAR FL 34677 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 arout and title if applicable (NOTE, Registered Agent signature required when revisitating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 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 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TILLE ☐ Change 🔲 Addition NAME PFRENGLE, KENNETH R HAME STREET ADORESS 3884 TAMPA RD. STREET ADDRESS U00000527072 05/04/06-80100-001 150.00 CITY-ST- BP OLDSMAR FL 34677 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- DP TifLE ☐ Delete TITLE ☐ Change ___ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Defete Change TITLE Addition MARAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-ZP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP CITY - ST- 7IP TITLE ☐ Detete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-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 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.

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Daytimo Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO