2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Secretary of State DOCUMENT # P9500000017 03-19-2007 90077 028 ***150.00 O'HAIRE, QUINN, CANDLER & CASALINO, CHARTERED Principal Place of Business Mailing Address 40038297 3111 CARDINAL DRIVE PO BOX 4375 VERO BEACH, FL 32963 VERO BEACH, FL 32964 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0549320 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANDLER, RICHARD B 3111 CARDINAL DR Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32963 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Belete TITLE Change ☐ Addition O'HAIRE, MICHAEL NAME NAME 575 HWY A-1-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CIFY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME QUINN, JEROME D NAME STREET ADDRESS 308 LIVE OAK RD STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition CANDLER, RICHARD B NAME NAME STREET ADDRESS 595 HWY A1A STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CASALINO, GREGG M NAME NAME 11 Sailfish Road STREET ADDRESS 950 WINDSONG WAY STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 Vero Beach, F1, 32960 CITY-ST-ZIP TIILE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 reserver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if dress, with all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 19, 2007 8:00 am

772-231-6906