2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P9500000194 03-05-2007 90038 035 ***150.00 1 Entity Name PERMANENT INVESTMENTS, INC. Principal Place of Business Mailing Address 8210 LAKEWOOD RANCH BLVD 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0567912 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 HEIM, PRISCILLA G Street Address (P.O. Box Number is Not Acceptable) 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 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 printerliname of registered agent and title it approable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change TITLE ☐ Delete 73714 Addition HEIM, PRISCILLA G NAME 8210 LAKEWOOD RANCH BLVD STREET ADORESS STREET ADDRESS BRADENTON, FL 34202 CiTY-ST-7IP CITY - ST-ZIP DPTS ☐ Delete TITLE ☐ Change ☐ Addition TITLE SCHIER, JAMES R NAME NAME 8210 LAKEWOOD RANCH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-S1-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7th TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supple of the corporation or the receiver lental 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 r trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if changed, or on an attachme an address, with all other like empowered. WAMES A. SCHIER 2/9/07 941378/040

FILED Mar 05, 2007 8:00 am