2006 FOR PROFIT CORPORATION

SIGNATURE:

Feb 09, 2006 8:00 am **Secretary of State ANNUAL REPORT** 02-09-2006 90038 004 ***150.00 DOCUMENT # P95000062057 PAUL J. CHAIET, P.A., C.P.A. DUUTOTIO Principal Place of Business Mailing Address 7380 NW 36TH ST. 7380-NW-36 ST LAUDERHILL, FL 33319 LAUDERHILE, FL 33319 2. Principal Place of Business 3201 Gr. Ffin Road 3. Mailing Address 2732 Treasure Cove Circle Suite, Apt. #, etc. ゼンの Suite, Apt. #, etc. 02062006 CR2E034 (11/05) Chg-P City & State FF. Lauderdal City & State 4. FEI Number Applied For Dania Beac 厄 65-0601944 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 33312 33312 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAIET, PAUL J 7380 N.W. 36 STREET Street Address (P.O. Box Number is Not Acceptable) TAUDERHILL: FL-33319 2732 Treasure Cove Circle City Daria Beach 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. ed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DPVP TITLE ☐ Delete TITI F CHAIET, PAUL J NAME NAME 2732 Treasure Cove Circle STREET ADDRESS 7380 N.W. 36 STREET STREET ADDRESS LAUDERHILL, FL 33319 CITY-ST-7/P Dania Bead 九 33312 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 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.

FILED

54.985-5516