2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2006 8:00 am Secretary of State **DOCUMENT # P96000002968** 1. Entity Name 05-02-2006 90171 011 ***158.75 CORPORATE NEGOTIATIONS NETWORK, INC. Principal Place of Business Mailing Address 4434 GLENVIEWLEN 4434 GLENVIEW-LN 40010300 WINTER PARK, FL 32792 WINTER PARK, FL 32792 2. Principal Place of Business 3. Mailing Address 310 E, KIN6S 310 E, KINGS WAY Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 CR2E034 (11/05) Chg-P City & State 4. FEI Number Applied For City & State WINTER DARK WINTER Park 59-3360015 Not Applicable Country . S . \$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 SAMG BRIDEWELL, DAVID W Street Address (P.O. Box Number is Not Acceptable) 4434 GLENVIEW LANE WINTER PARK, FL 32792 WINTER DAK 8. The above named entity sugarity 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 registere lagent. **SIGNATURE** Signature, typed or prin (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! 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. Change TITLE SAME TITLE ☐ Delete SAMOS 310 E. KINGS WAY BRIDEWELL, DAVID W NAME NAME STREET ADDRESS STREET ADDRESS 4434 CLENVIEW LANE WINTER PARK FL' 32789 WINTER PARK, FL 32792 CITY-ST-ZIP CITY-ST-ZIP (X) Change TITLE VP ☐ Delete TITLE SAMO Addition BRIDEWELL, MARGOTH NAME SAME SIDE, WINGEWAY STREET ADDRESS 4434 GLENVIEW LANE-STREET ADDRESS WINTER PARK, FL. 32792 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition □ Delete TITLE 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 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.

CICNATURE.

Ch Gulevell, Pres

David W. Bridenell 4/28/06

FILED