2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PAIN

May 10, 2001 8:00 am DOCUMENT # P96000008825 Secretary of State 1. Entity Name C.C.C. DEVELOPMENT CORP. 05-10-2001 90178 003 ***150.00 Principal Place of Business Mailing Address 10500 ULMERTON RD 10500 ULMERTON RD D U 11 11 -- . STE 366 STE 366 LARGO FL 33771 LARGO FL 33771 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0669193 Not Applicable Zip Country Zip 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 JEFF -CRUPPER CRUPPER, JEFF Street Address (P.O. Box Number is Not Acceptable) 2406 CLUBHOUSE DRIVE WEST CLEARWATER FL 33761 City 353°761 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 SIGNATURE Signature, typed or print name of registered age if and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE Delete CRUPPER, PHILLIP NAME ENGREE ENGERE TO LESSENIE 2711 GRANTS LAKE BLVD. #192 STREET ADDRESS STREET ADDRESS SUGAR LAND TX 77479 CITY-ST-ZIP CITY-ST-ZIP 🔀 Change TITLE Delete TITLE ☐ Addition CRUPPER, JEFF NAME NAME 2906 CLUBHOUSE DRIVE 206 CLUBHOUSE DRIVE WEST STREET ADDRESS STREET ADDRESS CLEARWATER FL 33761 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

JEFF CRUPPER

FIGER OR DIRECTOR

4/26/01

727-669-3794