2007 FOR PROFIT GORPORATION ANNUAL REPGRT (AR)

FILED DOCUMENT # P96000014548 Feb 12, 2007 08:00 AN **Secretary of State** 1. Entity Name FLAMINGO TOWERS, INC. Principal Place of Business Mailing Address 15519 FRONT BEACH ROAD 15519 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413 2. Principal Placo of Businoss - No P.O Box # 3. Mailing Address Suite, Apt #, etc Suito, Apt. #, otc 1st MOORE CR2E034 (10/06) City & Stato City & Stato 4. FEI Number Applied For 59-3378124 Not Applicable Zip Zip Country 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 Name BURKE, LES W 221 MCKENZIE AVENUE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 Zip Code City 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITLE Addition LANCASTER, REGGIS B NAME NAME U00000633906 15519 FRONT BEACH ROAD STREET ADDRESS STREET ADDRESS 02/21/07-80081-003 300.00 PANAMA CITY BEACH FL 32413 CHY-SI-7IP CITY-ST-ZIP ☐ Defele Change ☐ Addition THILE IIILE LANCASTER, DANA A NAME NAME 15519 FRONT BEACH ROAD STREET ADORESS STREET ADDRESS PANAMA CITY BEACH FL 32413 CITY-ST-7IP CITY-SI-ZIP IJŒ ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP TITLE ☐ Delete ME ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP ☐ Change TOTALE Delete Addition Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

-10-07