2006 FOR PROFIT CORPORATION **AMENDED ANNUAL REPORT**

SECRETARY OF STATE OF STATE OF SOME AFTORS DOCUMENT # P96000021631 06 JUL 24 AM 9: 18 TERRACE HOTEL CORPORATION Principal Place of Business Mailing Address 225 E. LEMON ST P OB OX 24628 LAKELAND, FL 33802 US SUITE 300 LAKELAND, FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07202006 CR2E034 (11/05) Chg-P Applied For 4. FEI Number City & State City & State 74-2781058 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALLEN, PHILIP O Street Address (P.O. Box Number is Not Acceptable) 225 E. LEMON ST SUITE 300 LAKELAND, FL 33801 Zip Code City FL 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, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. 90007828006編。 D8/02/06--01060--010 **70.00 Addition DP ☐ Delete TITLE TITLE NAME HERMANS, JOSEF C NAME STREET AODRESS 2123 PECKHAM STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77019 CITY-ST-ZIP Change ☐ Addition Ð ☐ Delete TITLE TITLE FARNSWORTH, JAMES L NAME NAME 1501 S. FLORIDA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 CITY-ST-ZIP Robert A. Burns XX Delete TITLE XX Change ☐ Addition TID F MESSER JR, ROBERT P NAME c/o FCA Corp. 1910 MISSION SPRGS STREET ADDRESS STREET ADDRESS 5847 San Felipe, Suite 850 CITY ST-ZIP CITY-ST-ZIP KATY, TX Houston, Texas 77057-3008 Change ☐ Addition TITLE DS □ Delete TITLE ALLEN, PHILIP O NAME NAME 225 E. LEMON ST., STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

863-683-65/