2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AN Secretary of State DOCUMENT # P96000024058 1. Enlity Name OR KOL, INC. Principal Place of Business Mailing Address 7800 W OAKLAND PARK BLVD % rejean lapierre 7800 W. OAKLAND PARK BLVD., BLDG G STE G-121 SUNRISE, FL 33351 SUNRISE, FL 33351 04052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0700514 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAPIERRE, REJEAN DO NOT WRITE 7800 W. OAKLAND PARK BLVD BLDG G IN THIS SPACE SUNRISE, FL 33351 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. Signature, typed or printed name of registered agent and title if applicable (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 10. OFFICERS AND DIRECTORS TITLE LANDMANN, ZVIA NAME STREET ADDRESS 7800 W OAKLAND PARK BLVD STE G-121 City-St-ZIP SUNRISE, FL 33351 TITLE NAME U00000557280 05/17/06-80044-012 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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.

SIGNATURE: Z

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-7iP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR