2007 FOR PROFIT CORPORATION

Feb 14, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P96000036613 02-14-2007 90050 042 ***150.00 PITTWAY PLAZA HOLDING CORPORATION Mailing Address Principal Place of Business 40016322 2915 S.R. 590 2915 S.R. 590 SUITE 21 SUITE 21 CLEARWATER, FL 33759 CLEARWATER, FL 33759 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01092007 Chg-P Applied For 4. FEI Number City & State City & State 59-3377464 Not Applicable Zin Country 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 QUEEN, FRENCH WJR Street Address (P.O. Box Number is Not Acceptable) 2915 SR 590, STE. 21 CLEARWATER, FL 33759 City Zip Code FI 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 tale if applicable. (NOTE: Registered Agent agniture required when remistating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees Trust Fund Contribution OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition DVP Delete TITLE TITLE QUEEN, LAWRENCE E NAME NAME STREET ADORESS 2915 S.R. 590, SUITE 21 STREET ADDRESS CLEARWATER, FL 33759 CITY-ST-ZIP CAY-ST-ZP DP TITLE ☐ Delete TTNE ☐ Change ☐ Addition QUEEN, GARY F NAME NAME STREET ADDRESS 2915 S.R. 590, SUITE 21 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33759 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME QUEEN, FRENCH WJR NAME STREET ADDRESS STREET ADDRESS 2915 S.R. 590, SUITE 21 CITY-ST-ZIP CLEARWATER, FL 33759 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE Change Addition

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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.

NAME

STREET ADORESS

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

French W. Queen, Jr. SIGNATURE: French W. Jucey & 2/8/07 (727) 796-7123 Dens Daytime Phone #