2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 30, 2006 08:00 AN DOCUMENT # P96000061243 Secretary of State 1. Entity Name MOSSMAN, INC. Mailing Address Principal Place of Business 704 LAGUNA DRIVE 704 LAGUNA DRIVE US US VENICE, FL 34285 VENICE, FL 34285 01262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0683026 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SELDNER, RICHARD DO NOT WRITE 704 LAGUNA DRIVE VENICE, FL 34285-1300 IN THIS SPACE 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE **PSTD** SELDNER, RICHARD NAME STREET ADDRESS 704 LAGUNA DRIVE CITY-ST-ZIP VENICE, FL 342851300 U00000407335 02/109/06-80013-013 150.00 IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRÉET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CUTY - SJ - ZIP TITLE

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 chapter 607 or an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR