2007 FOR PROFIT CORPORATION

May 01, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P96000073834** 05-01-2007 90054 010 ***150.00 1. Entity Name LAUREL INTERCHANGE CORPORATION Principal Place of Business Mailing Address 333 S. TAMIAMI TRAIL, SUITE 101 333 S. TAMIAMI TRAIL, SUITE 101 VENICE, FL 34285 VENICE, FL 34285 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0692398 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 333 S TAIMIAMI TRAIL STE 101 SUITE A VENICE, FL 34285 Zip Code City 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 title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ■ Addition D TITLE ☐ Delete TITLE ☐ Channe MILLER, MICHAEL W NAME NAME 333 S. TAMIAMI TRAIL, SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE VENICE, FL 34285 ☐ Delete Change ☐ Addition TITLE TITLE PARRISH, JAYNE E NAME NAME STREET ADDRESS 333 S. TAMIAMI TRAIL, SUITE 101 STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP VPD ☐ Change Addition □ Delete TITLE TITLE MILLER, TINOTHY D NAME NAME STREET ADDRESS 333 S. TAMIAMI TRAIL, SUITE 101 STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-7IP □ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 the appropriate the corporation of the corporation or the receiver or trustee empowered.

CITY-ST-ZIP

SIGNATURE: __

Daytime Phone #

FILED