2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Jan 31, 2005 08:00 AM DOCUMENT # P96000076943 **Secretary of State** 1. Entity Name RONALD E. PENDLETON, INC. Principal Place of Business Mailing Address 811 SE 5TH TERR 811 SE 5TH TERR POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite Apt, # etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0697275 Not Applicat Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PENDLETON, RONALD E Street Address (P.O. Box Number is Not Acceptable) 811 SE 5TH TERR POMPANO BEACH FL 33060 City Zip Code 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 access 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May P After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addisa TITLE Delete THE U00000207401 PENDLETON, RONALD E NAME NAME 02/01/05-80044-008 150.00 STREET ADDRESS 811 SE 5TH TERR STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CLTY-ST-ZIP TOTALE ☐ Delete HILL Change Arteitie NAME NAME STREET ADDRESS STHEET ADDRESS CITY - ST - ZIP CitY-ST-7IP ☐ Detete THE ☐ Change Aridifia THELE NAME NAME STREET ADDRESS STREET ADDRESS City St-7tP City-Si-7P TITLE DUCE Change ☐ Delete Andilio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HITE ☐ Defete TITLE ☐ Change Additie NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP Hill ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP UTH-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

RONALD E, PENDLETON

FILED