2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 Al Secretary of State DOCUMENT # P96000078404 1. Entity Name SUSAN KOCH, INC. Mailing Address Principal Place of Business 7955 LAKE NELLIE ROAD 7955 LAKE NELLIE ROAD CLERMONT, FL 34711 CLERMONT, FL 34711 CR2E034 (11/05) 04262006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3407919 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KOCH, SUSAN DO NOT WRITE 7955 LAKE NELLIE ROAD CLERMONT, FL 34711 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 egent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be Hnnonn551229 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/13/06-80088-024 150.00 OFFICERS AND DIRECTORS 10. DP TITLE KOCH, SUSAN NAME 7955 LAKE NELLIE RD STREET ADDRESS CLERMONT, FL 34711 City-St-ZiP TITLE KOCH, EDWARD 7655 LAKE NELLIE RD STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 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 received 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:

SAGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 352-241-0996

FILED