2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 23, 2005 8:00 am **Secretary of State DOCUMENT # P96000080657** 1. Entity Name 03-23-2005 90042 030 ***150.00 ALCRIS HOLDINGS, INC. Principal Place of Business Mailing Address 9800 BONITA BEACH ROAD S.E. 9800 BONITA BEACH ROAD S.E. BONITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 65-0707860 Not Applicable Zip Country 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 COPROLITE CORPORATION #2: Street Address (P.O. Box Number is Not Acceptable) 2130 SUNTRUST INTERNATIONAL CTR ONE SOUTHEAST THIRD AVENUE MIAMI, FL 33131 54 Zip Code City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 ☐ Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE **DPT** ☐ Delete TITLE MURPHY, PATRICK DAY, VIVIENNE NAME NAME 9800 Bonita Beach Road, S.E. STREET ADDRESS STREET ADDRESS 9800 BONITA BEACH ROAD S.E. Bonita Sprinas, FL BONITA SPRINGS, FL 34135 CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE ☐ Defete TITLE DAY, CHRISTOPHER NAME NAME STREET ADDRESS 9800 BONITA BEACH ROAD S.E. STREET ADDRESS BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 a idress, with all other like empowered.

SIGNATURE:

Nort Screto

FILED