2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 13, 2006 8:00 am Secretary of State DOCUMENT # P96000091669 1. Entity Name 04-13-2006 90275 006 ***158.75 PUSH, INCORPORATED Principal Place of Business Mailing Address 101 ENESTINE STREET 101 ENESINESIFEET **CPLANDO, FL. 32801** CFLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 150 N. Orange 50 N. Orange uite, Apt. #, etc. Suite, Apt. #, etc. 01162006 CR2E034 (11/05) 4. FEI Number Applied For 59-3440207 Not Applicable \$8.75 Additional 5. Certificate of Status Desired <u>1</u>5 A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE BEAUBIEN, HUGO M 332 N. MAGNOLIA AVENUE Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 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. 1 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 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE **Change** Addition WAHL, RICHARD C WAHL, RICHARD C NAME NAME 150 N. DRANGE AVE. SUITE 300 STREET ADDRESS 101 ERNESTINE STREET STREET ADDRESS ORLANDO, FL 32801 ORLANDO. FL 32801 CITY-ST-ZIP CITY-ST-ZIP ST TITLE Delete TITLE Change ☐ Addition LUDWIG JOHN L 150 N. ORANGE AVE. SLITE 300 LUDWIG, JOHN L NAME NAME STREET ADDRESS 101 ERNESTINE STREET STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP ORLANDO, FL 32801 TITLE Delete TITLE Change Addition ROBB, CHRISTOPHER 150 N. ORANGE AVE. SUITE 306 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32801 ☐ Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 furue 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, Florida Statutes; and that my name appears in Block 10 or Block 11 if

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED