2006 FOR PROFIT CORPORATION

SIGNATURE:

Jan 27, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P96000092388 01-27-2006 90031 019 ***150.00 INDEPENDENCE PLAZA SARASOTA, INC. Principal Place of Business Mailing Address CHUUTIOUU 2155 TAMIAMI TRL S. 2722 MANATEE AVE. WEST VENICE, FL 34293 SUITE 1 BRADENTON, FL 34205 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. 01122006 CR2E034 (11/05) Cha-P City & State Applied For 4. FEI Number -65-0716787 Not Applicable Zip 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 **HUNT, CURTIS W** Street Address (P.O. Box Number Is Not Acceptable) 2722 MANATEE AVE. WEST SUITE 1 **BRADENTON, FL 34205** 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 ager ne of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Defete TITLE Change ☐ Addition **HUNT, STEPHEN D** NAME NAME 3405 BRIDLEGATE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARLINGTON, TX 76016 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HUNT, CURTIS W NAME 6404 Monatee Ave W STREET ADDRESS 2722 MANATEE AVE. W., STE. 1 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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 like empowered.

FILED