2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000102344 FILED 07 SEP 26 PM 1: 02 SINGH REAL ESTATE CO. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6805 OVERSEAS HWY 6805 OVERSEAS HIGHWAY MARATHON, FL 33050 US MARATHON, FL 33050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09202007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0720371 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALLISON, JOHN R III Street Address (P.O. Box Number is Not Acceptable) 6803 OVERSEAS HWY MARATHON, FL 33050 City Zip Code FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signatura, 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 Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PΩ TITLE ☐ Delete TITLE Change ☐ Addition 800110181968 SINGH, PRITAM NAME NAME 10/02/07--01037--018 STREET ADDRESS 6805 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change RYSMAN, PETER NAME NAME 62 FRONT ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 33040 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME KAUR, CHARAN NAME STREET ADDRESS 6805 OVERSEAS HWY STREET ADDRESS MARATHON, FL 33050 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME REYNOLDS, TYLER NAME 6805 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS MARATHON, FL 33050 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 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 attact report with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR