2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 28, 2001 8:00 am DOCUMENT # P9700007588 **Secretary of State** 1. Entity Name EXECUTIVE FOCUS INTERNATIONAL, INC. 03-28-2001 90201 013 ***150.00 Mailing Address Principal Place of Business F780 U.S. HIGHWAY #1 780 U.S. HIGHWAY #1 SUITE 102 SUITE 102 იაგცვგ VERO BEACH FL 32962 VERO BEACH FL 32962 US 3. Mailing Address 2. Principal Place of Business A1A 5099 HIGHWA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 22-2467700 Not Applicable ENO DEAM Country \$8.75 Additional 5. Certificate of Status Desired INDIAN KIVER Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERSON, ROBERT Street Address (P.O. Box Number is Not Acceptable) 780 U S HIGHWAY #1 SUITE 102 VERO BEACH FL 32962 rights this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named enti SIGNATURE Signature, typed o e of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PTD ☐ Delete TITLE TITLE HERSON, ROBERT J NAME NAME 5099 HIGHWAY AIA STREET ADDRESS 780 U.S. HIGHWAY #1., SUITE 102 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 CITY-ST-ZIP Addition ☐ Detete TITLE TITLE HERSON, DIANE K NAME NAME 780 U.S. HIGHWAY #1., SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachi an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI