2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 27, 2006 08:00 A DOCUMENT # P97000013817 1. Entity Name Secretary of State KEAGY WHIDDON FINANCIAL GROUP, INC. Mailing Address Principal Place of Business 777 S FED HWY FORT LAUDERDALE FL 33316 777 S FED HWY FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 65-0754120 Not Applicab Country \$8,75 Additional $Z \circ$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHIDDON, GENE A Street Address (P.O. Box Number is Not Acceptable) 777 S. FEDERAL HWY. FORT LAUDERDALE FL 33316 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. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature types or printed name of registered agent and title if applicable INOTE Registered Agent signature recruited when foinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May € After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ ☐ Adi*** 🗋 Delete TITLE TITLE NAME WHIDDON, GENE A JR NAME STREET ADDRESS STREET ADDRESS 1620 SE 9TH STREET CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP ☐ Change A.L ☐ Delete 717LE NAME MAME Unnon0407446 STREET ADDRESS STREET ADDRESS 92/08/06-80017-016 150.00 CHTY-ST-ZIP CITY-ST-ZIP Defete 1171.0 ☐ Change ☐ A ··· TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Ail Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change A. Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ETA: ☐ Change ☐ Delete TIME 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 Section 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.