2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver or trustee emp if changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTES

SIGNATURE:

FILED Feb 20, 2006 08:00 AN DOGUMENT # P97000017739 1. Entity Name Secretary of State THE KARLTON INVESTMENT GROUP, INC. Principal Place of Business. Mailing Address 1800 SUNSET HARBOUR DRIVE 1800 SUNSET HARBOUR DRIVE MIAMI FL 33139 MIAMI FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 65-0740455 Not Applicable Zip Country 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 Name TOBIN, ED Street Address (P.O. Box Number is Not Acceptable) 1800 SUNSET HARBOR DRIVE **MIAMI FL 33139** City 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 accept the obligations of registered agent SIGNATURE Signature, typed or control name of registered agent and title if applicable (NOTE: Registered Agent signature regulated when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete THLE ☐ Change ☐ Addition KARLTON, FREDRIC N NAME STREET ADDRESS 1800 SUNSET HARBOR DRIVE # 2 STREET ADDRESS *Linnnn*0442200 CHY-ST-ZP 03/04/06-80009-019 150.00 CITY-ST-ZIE MIAMI FL 33139 TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP MILE Delete _ HILL 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 THE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-782 CHY-S1-7/P 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is tree a ec not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11

OK SIGNING OFFICER OR DIRECTOR

Daytime Phone #