2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 8:00 am Secretary of State

| DOCUMENT # P97000022210 1. Entity Name PATRIOTS FIRST CORPORATION | | | | | 02-24-2006 | 90007 019 ***150 | 0.00 | |
|--|--|--|------------------------|--|--|---------------------------------|--------------|--|
| Principal Place of Business | | Mailing Address | | | | | | |
| 4359 ROOSEVELT BLVD. | | 473 SALTBUSH COURT | | | • | | | |
| JACKSONVILLE, FL 32210 | | JACKSONVILLE, FL 32225 | | | | | | |
| | , | | | | 18117 18811 28 14 28 117 28 1 | II SENS MEN NEM NYEL HEN ÆTI | 1881 (1 178) | |
| Principal Place of Business 3. Mailing Address | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | 1101111111111 | | H 88300 HAND HAND HERR HAND HER | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01272006 | Cha D | CR2E034 (11/05) | | |
| | | · | | 01272000 | Chg-P | · | | |
| City & State | | City & State | | 4. FEI Numbe | | | plied For | |
| Zip Country | | Zip Country | | 59-344 | 0784 | | t Applicable | |
| ZIβ | Country | Σ:μ | Country | 5. Certificate | of Status Desired | □ \$8.75 Add Fee Require | | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and | Address of New R | Registered Agent | | |
| | | | | Name | | | | |
| WEEKS, ALEXANDRA | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 473 SALTBUSH CT JACKSONVILLE, FL 32225 | | | | Office / Maries (1.10. Day Maries 10.1107 / Doubles) | | | | |
| ONONO STATISTICS CONTRACTOR OF THE SERVICE C | | | | | | | | |
| | | | City | | | FL Zip Code |) | |
| | | | | clored agent, or bol | the State of Ele | | and accord | |
| 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. | | | | | | | | |
| | | | | | | | | |
| SEGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| | | | | | | | | |
| FIL | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0 | 9. Election Campaig Trust Fund Contril | | 5.00 May Be Added to Fees | | | | |
| Aitei Wi | <u>. Tarangan ang atau atau atau atau atau atau atau ata</u> | | • | | | | | |
| 10. | | | 11. | ADDITIONS/ | CHANGES TO OFF | ICERS AND DIRECTORS | | |
| TITLE NAME | D CERAID IR | Delete | TITLE | | | ☐ Change | Addition | |
| STREET ADDRESS | VELOZO, GERALD JR 473 SALTBUSH COURT | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32225 | | CITY-ST-ZIP | | | | | |
| TITLE ' | D | ☐ Delete | TITLE | • | | ☐ Change | ☐ Addition | |
| NAME | WEEKS, ALEXANDRA , | | NAME | | | | | |
| STREET ADDRESS | 473 SALTBUSH COURT | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32225 | | City-St-Zip | | | | | |
| TITLE | ~ | ☐ Delete | TITLE NAME | | | Change | ☐ Addition | |
| NAME STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-S1-ZIP | | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| NAME | | | NAME | | | | | |
| STHEET ADDRESS | | | STREET ADDRESS | | | | | |
| CHY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| DITF. | | Delete | TITLE | | | Change | Addition | |
| NAME STREET ADDRESS | | | NAME 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 | | | | | |

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 of the naddress, with all other like empowered.

71 10 -

SIGNATURE: JUNE 3130106

SIGNATURE: JUNE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/06 (904) 387-6778
Date Daylime Phone +