2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P97000030143 Feb 09, 2006 08:00 AN 1. Entity Name **Secretary of State** FLOROSA INVESTMENTS, INC. Principal Place of Business Mailing Address 1350 E. JOHN SIMS PKWY. NICEVILLE FL 32578 1350 E. JOHN SIMS PKWY. NICEVILLE FL 32578 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3445015 Not Applicable Zip Country Zφ 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 MINGER, JOHN W JR. Street Address (P.O. Box Number is Not Acceptable) 1350 E. JOHN SIMS PKWY. NICEVILLE FL 32578 City Zip Code 3. 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** or and tille if applicable (NOTE Registered Agent signature required when rounstaling) 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. ☐ Delete TITLE Change ☐ AúJ∷ MINGER, JOHN W JR 02/20/06-80076-009 150.00 STREET ADDRESS 1350 E JOHN SIMS PKWY STREET ADDRESS CITY-ST-ZIP NICEVILLE FL 32578 CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY-ST. 7IP TITLE . . . Delete TITLE Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Arkiti 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 Title ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P 12. I hereby certify that the information supplied with this filing 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 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 with an address, with all other like empowered.

INTER NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #