2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2006 8:00 am Secretary of State

04-19-2006 90086 020 ***150.00 DOCUMENT # P97000036200 SPENCER A. GREGG & ASSOCIATES, INC. 40053457 Principal Place of Business Mailing Address 2215 SOUTH THIRD STREET 2215 SOUTH THIRD STREET #201C #201C JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142006 Chg-P CR2E034 (11/05) Applied For City & State 4. FEI Number City & State 59-3450662 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPENCER A. GREGG GREGG, JAMES E Street Address (P.O. Box Number is Not Acceptable) 2215 S. THIRD ST. #201C #201C #201C JACKSONVILLE BEACH, FL 32250 Zip Code 32250 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: d agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition **PSD** Change : TITLE ☐ Delete TITLE PDST GREGG, SPENCER A NAME NAME GREGG, SPENKER A. 2215 S. Third Street, #2010 Jacksonville Beech, FL 32250 2215 S 3RD ST. #201C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP VTD Delete TITLE Change ☐ Addition TITLE GREGG, JAMES E NAME NAME 2215 S 3RD ST. #201C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP Addition ☐ Delete TITLE VP. TITLE NAME GREGG, GLORIA
2215 3. Third Street, #2010 STREET ADDRESS STREET ADDRESS Jacksonville Beach CITY-ST-ZIP CITY-ST-ZIP FL 32250 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 with an address. With all other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #