2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 01, 2006 8:00 am Secretary of State DOCUMENT # P97000038525 05-01-2006 90317 004 ***150.00 1. Entity Name LEE JAY COLLING CONVERSION SERVICES, INC. Principal Place of Business Mailing Address 682 MAITLAND AVE, SUITE 2 682 MAITLAND AVE, SUITE 2 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 2. Principal Place of Business Mailing Address Versuilles Dr 529 Versailles Dr 1st MOORE CR2E034 (10/05) 103 4. FEI Number Applied For 59-3445954 Not Applicable 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 COLLING, LEE JAY 682 MAITLAND AVE, SUITE 2 Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS FL 32701 8. The above named entity submits this statement for the purpage of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of (NOTE-Registered Agent signature required when reinstating) 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 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete **™** Change Colling, Lee Jay COLLING, LEE J NAME 529 Versailles Br, 5/103 STREET ADDRESS 682 MAITLAND AVE, SUITE 2 STREET ADDRESS Maitland, FL 32751 CITY-ST-7IP ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP ☐ Delete TITLE NAME COLLING, NADINE S MAME STREET ADDRESS 682 MAITLAND AVE, SUITE 2 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition THIF VPT NAME riAME SIMPSON, MARTYN W STREET ADDRESS 600 GOLF PARK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CELEBRATION FL 34747** ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ 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

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12. Thereby 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 LEE JAY COLLING