2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 01, 2006 8:00 am Secretary of State DOCUMENT # P97000083630 1. Entity Name 06-01-2006 90002 030 ***550.00 CORNELL & ASSOCIATES OF NORTH FLORIDA, INC. Mailing Address Principal Place of Business 3064 SW 92ND STREET GAINESVILLE FL 32608 GAINESVILLE FL 32608 3. Mailing Address 2. Principal Place of Business 3064 SW 92 ND STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3470589 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORNELL, KENNETH M 5745 SW 75TH ST, #105 Street Address (P.O. Box Number is Not Acceptable 3064 5W 62ND STR GAINESVILLE FL 32608 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 agei DATE (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Change ☐ Addition THILE ☐ Delete NAME CORNELL, KENNETH M MAME STREET ADDRESS 3064 SW³92ND STREET STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32608 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - SI - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete THLE NAME NAME STREET ADDRESS

FILED

SIGNATURE: LATE M. COLNELL 5/./06 352 281 4000

CITY-ST-ZIP

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 the empowered.

STREET ADDRESS CITY-ST-ZIP