2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 08, 2006 8:00 am Secretary of State DOCUMENT # P97000088633 05-08-2006 90303 045 ***150.00 PL INVESTMENTS HOLDINGS, INC. Principal Place of Business Mailing Address 5918 BAHAMA SHORES DRIVE SOUTH **5918 BAHAMA SHORES DRIVE SOUTH** SAINT PETERSBURG, FL 33705 SAINT PETERSBURG, FL 33705 US 2. Principal Place of Business 3. Mailing Address 4.0, Bot 53086 b Suite, Apt. #, etc. Suite Ant # etc 04292006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For 59-3474833 Not Applicable Zip Country 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 BENTON, P.J. Street Address (P.O. Box Number is Not Acceptable) 5918 BAHAMA SHORES DRIVE SOUTH SAINT PETERSBURG, FL 33705 City 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 agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete D TITLE ☐ Change ☐ Addition TITLE BENTON, P.J. NAME NAME 5918 BAHAMA SHORES DRIVE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33705 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 flustee 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 ab address, with all other like empowered.

SIGNATURE:

FILED