2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 18, 2006 8:00 am Secretary of State **DOCUMENT # P98000012026** 04-18-2006 90071 026 ***150.00 1. Entity Name INFO-LISTER, INC. Principal Place of Business Mailing Address P.O. BOX 90517 306 EAST MAIN STREET LAKELAND, FL 33804-0517 SUITE 200 LAKELAND, FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3490756 Not Applicable Country Zip \$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 WAKEMAN, WILLIAM HIII Street Address (P.O. Box Number is Not Acceptable) 306 E. MAIN ST. SUITE 200 LAKELAND, FL 33801 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 \$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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PC ☐ Delete ☐ Change Addition TITLE TITLE WAKEMAN, WILLIAM H III NAME NAME STREET ADDRESS 1208 LAKE DEESON WOODS LANE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33805 CITY-ST-7IP VΩ Delete TITLE ☐ Change ☐ Addition TITLE NAME WAKEMAN, RICHARD NAME STREET ADDRESS 306 E. MAIN ST., STE 200 STREET ADORESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP D ☐ Delete TITLE ☐ Change ☐ Addition TITLE BALL, VERNON NAME MAME STREET ADDRESS 28702 MEGAN DRIVE STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP TITE F ☐ Delete TITL F Change ☐ Addition HILLEVI, KIRKLAND NAME 1427 GLENDALE ST. STREET ADORESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY - ST - ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filing 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.

CITY-ST-ZIP

Hillevi E Kirkland, Treasurer **#**10/2006 FFICER OR DIRECTOR Daytime Phone 6

STREET ADDRESS CJTY-ST-ZIP