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

Aug 25, 2006 8:00 am Secretary of State DOCUMENT # P98000012145 1. Entity Name 08-25-2006 90001 021 ***550.00 JERNER & ASSOCIATES, INC. Principal Place of Business Mailing Address 4111 N.E. CHERI DR. JENSEN BEACH FL 34957 4111 N.E. CHERI DR. JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address 110 Sw 5th St. 1105W 5th 5+ Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) らか~ City & State City & State 4. FEI Number Applied For 65-0898917 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ÚSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JERNER, BRUCE Street Address (P.O. Box Number is Not Acceptable) 411 N.E. CHERI DR. JENSEN BEACH FL 34957 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. 8/20/06 DATE Signature, typed or prated name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change Change Addition Jerner, Bruce 1105W Sta Street NAME JERNER, BRUCE NAME STREET ADDRESS 4111 NE CHERI DR STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY+ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Jerner Parinted name of Signing OFF