2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empo

AFURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .

Mar 24, 2006 8:00 am DOCUMENT # P98000057503 **Secretary of State** DIRECTIONAL PROPERTIES, INC. 03-24-2006 90037 020 ***158.75 Principal Place of Business Mailing Address 802 N.W. FIRST ST. 802 N.W. FIRST ST. 20002401 SOUTH BAY, FL 33493 SOUTH BAY, FL 33493 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102006 CR2E034 (11/05) Chg-P 4. FEI Number City & State City & State Applied For 65-0856064 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 Name ROYAL, DERIK C Street Address (P.O. Box Number is Not Acceptable) 802 N.W. FIRST ST. SOUTH BAY, FL 33493 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change ☐ Addition THYMIUS, JEFFREY S NAME STREET ADDRESS 802 N.W. 1ST STREET STREET ADDRESS CITY-ST-ZIP SOUTH BAY, FL 33493 CITY-ST-ZIP DPVT ☐ Change TITLE ☐ Delete TITLE ☐ Addition ROYAL, DERIK C NAME NAME STREET ADDRESS 802 N.W. FIRST ST. STREET ADDRESS SOUTH BAY, FL 33493 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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

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