2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 02, 2006 8:00 am Secretary of State DOCUMENT # P98000057793 05-02-2006 90418 031 ***150.00 STODDARD REALTY MANAGEMENT GROUP III., INC. 40079791 Principal Place of Business Mailing Address 711 INDIANTOWN RD PO BOX 210608 ROYAL PALM BCH, FL 33421-0608 US JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address 2925 PGA BLVD. 2925 PGA BLVD. Suite, Apt. #, etc. SUITE 101 Suite, Apt. #, etc. SUITE 101 04212006 CR2E034 (11/05) City & State PALM BEACH GARDENS, FL PALM BEACH GARDENS, FL 4. FEI Number Applied For 65-0846688 Not Applicable Country U.S. ^{Zip} 33410 \$8.75 Additional 33410 5. Certificate of Status Desired U.S. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STODDARD, BATES F Street Address (P.O. Box Number is Not Acceptable) 711 INDIANTOWN TOAD JUPITER, FL 33458 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE Change DP STODDARD, BATES F NAME NAME STODDARD, BATES F STREET ADDRESS 711 INDIANTOWN RD STREET ADDRESS 2925 PGA BLVD., STE. 101 CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP PALM BEACH GARDENS, PL 3341 Addition Delete TITLE TITLE STODDARD, DIANE C NAME NAME 711 W INDIANTOWN ROAD STREET ADDRESS STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 urate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director oute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true and of the corporation or the receiver or truste.

FILED