2000 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2000 8:00 am Secretary of State DOCUMENT # P9800070031 1. Entity Name MAY VENTURES, INC. 04-23-2000 90047 050 ***150.00 Principal Place of Business Mailing Address 2710 DEL PRADO BOULEVARD SUITE 2-299 2710 DEL PRADO BOULEVARD SUITE 2-299 CAPE CORAL FL 33904 CAPE CORAL FL 33904-5788 838101 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0860053 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAY, JAMES P JR. 3902 S.E. 20TH PLACE CAPE CORAL FL 33904 C 15 3 3 7 15 1 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. FILE NOW!!! FEE IS \$150.00. 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Defete TITLE MARY CERECERES MAY, JAMES P. JR NAME NAME 7330 BIRCHWOODLA 2710 DELPRADO BLVD., STE 2-299 STREET ADDRESS STREET ADDRESS FrmyERS FL 33908 CITY-ST-ZIP CITY-ST-7IP CAPE CORAL FL 33904 Addition VP Change Delete TITLE MAY, PATRICIA L NAME NAME STREET ADDRESS STREET ADDRESS 27,10 DELPRADO BLVD., STE 2-299 CITY-ST-ZIP -CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET. ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00 561-0