2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P98000082476 Jan 31, 2006 08:00 AM 1. Entity Name Secretary of State LAW OFFICES OF TYLER W. HARDING, P.A. Mailing Address Principal Place of Business 9070 KIMBERLY BLVD 9070 KIMBERLY BLVD SUITE 57 BOCA RATON FL 33434 **BOCA RATON FL 33434** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0874857 Not Applicat Country Zin Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARDING, TYLER W Street Address (P.O. Box Number is Not Acceptable) 9070 KIMBERLY BLVD SUITE 57 **BOCA RATON FL 33434** Zip Code City 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 acceptable the obligations of registered agent. **SIGNATURE** Signature types or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rountailing) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change TITLE NAME HARDING, TYLER W NAME U00000409417 STREET ADDRESS STREET ADDRESS 9070 KIMBERLY BLVD #57 02/08/06-80098-013 150.00 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33434 TITLE ☐ Change ☐ Aid ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Arin ☐ Change ☐ Delete TEFF THLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Ail ☐ Change ☐ Defete RILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Ad-Delete HIE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

ME OF SIGNING OFFICER OR DIRECTO