2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P98000083401 04-16-2007 90070 023 ***150.00 LLOYD K. RITCHIE, JR., DDS, P.A. Principal Place of Business Mailing Address 9320 N PALAFOX STREET 9320 N PALAFOX STREET 40062304 PENSACOLA, FL 32534 PENSACOLA, FL 32534 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3533471 Not Applicable Zip Country Country Zip \$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 MOORHEAD, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BLVD STE 12 & 13 PENSACOLA, FL 32503 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE П ☐ Delete TITLE ☐ Change ☐ Addition RITCHIE, LLOYD K JR NAME NAME STREET ADDRESS 2708 SOUTHERN OAKS DR STREET ADDRESS CITY-ST-ZIP CANTONMENT, FL 32533 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTO

RITCHIE 32 LLOYD

4/13/07

FILED