2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

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

Secretary of State DOCUMENT # P98000084890 03-23-2006 90009 039 ***150.00 1. Entity Name SLINKMAN AND SLINKMAN, P.A. QUUV Principal Place of Business Mailing Address 1401 FORUM WAY, SUITE 201 1401 FORUM WAY, SUITE 201 W. PALM BCH, FL 33401 W. PALM BCH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0871162 Not Applicable Zip Country Zip 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 SLINKMAN, F. KENDALL Street Address (P.O. Box Number is Not Acceptable) 1401 FORUM WAY, SUITE 201 W. PALM BCH, FL 33401 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 / Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D D/P ☐ Delete TITLE ☐ Addition X Change SLINKMAN, F. KENDALL NAME SLINKMAN, F. KENDALL NAME 1400 S. ATLANTIC DR., E. 1400 S. Atlantic Dr., E. STREET ADDRESS STREET ADDRESS Lantana, FL 33462 CITY-ST-ZIP LANTANA, FL 33462 CITY-ST-ZIP TITLE D ☐ Delete XI Change ☐ Addition SLINKMAN, RICHARD SLINKMAN, RICHARD NAME NAME 18151 SE Ridgeview Drive STREET ADDRESS 18151 SE RIDGEVIEW DR. STREET ADDRESS Tequesta, FL 33469 CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-24P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 12. I hereby certify that the information supplied with this filing 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

FILED Mar 23, 2006 8:00 am

Kendall Slinkman 561-686-3400