2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P98000088587 1. Entity Name FLTX, INC. 04-16-2001 90282 003 ***150.00 Principal Place of Business Mailing Address 4706 NORTHEAST 11TH AVENUE 4706 NORTHEAST 11TH AVENUE OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address 345 Sandlewood Lane 345 Sandlewood Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0869930 Boca Raton, Florida Boca Raton, Florida Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33487 US 33487 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGORY, JOHN E Street Address (P.O. Box Number is Not Acceptable) 345 Sandlewood Lane 4706 NORTHEAST 11TH AVENUE OAKLAND PARK FL 33334 City Boca Raton 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent size ired when reinstating) DATE FILE NOW!!! FEE S \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Change Addition GREGORY, JOHN E NAME NAME 345 Sandlewood Lane STREET ADDRESS 4706 NE 11TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33334 Boca Raton, Florida 33487 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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:

| John E. Gregory 4/13/0/ (561) 989-0306