2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jun 15, 2004 8:00 am Secretary of State DOCUMENT # P98000093233 -06-15-2004 90003 010 ***150 00 WARD DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 105 WEST CHESAPEAKE AVE 105 WEST CHESAPEAKE AVE **STE 413** STE 413 TOWSON, MD 21204 US TOWSON, MD 21204 US 2. Principal Place of Business 3. Mailing Address 3510 BELMONT 3570 BELMONT AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 03122003 Chg-P CR2E034 (10/03) 4. FEI Number Applied For MD 65-0874397 Not Applicable \$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 ICARD MERRILL CULLIS TIMM FUREN & GINSBURG Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition WARD, JAMES J III NAME NAME STREET ADDRESS 13860 WELLINGTON TRACE STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WARD, PATRICIA A III NAME NAME STREET ADDRESS 13860 WELLINGTON TRACE STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP TITLE Detete TITLE - Change = = [Addition: MESSICK, ROBERT E NAME NAME STREET ADDRESS 2033 MAIN STREET #600 STREET ADDRESS CITY-ST-ZIF SARASOTA, FL 34237 CITY-ST-ZIP 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 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: