2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 31, 2006 8:00 am Secretary of State DOCUMENT # P98000096234 1. Entity Name 05-31-2006 90009 045 ***150.00 HILLSIDE-CLEARWATER, INC. Principal Place of Business Mailing Address 9715 WEST BROWARD BLVD., #216 PLANTATION FL 33324 9715 WEST BROWARD BLVD., #216 PLANTATION FL 33324 336\ \S8\h\ \Auc \Work\\ 2. Principal Place of Business \ 3. Mailing Addres 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For St Petersburg 65-0877356 Not Applicable Country Pinnellur 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 MCGAVIN, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 2560 62ND N SAINT PETERSBURG FL 33702 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 Please Chanse Appress to about For furture Mailing Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE ☐ Change ☐ Addition NAME MCGAVIN, JOSEPH D NAME STREET ADDRESS 2560 62ND AVE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33702 Delete TITLE ☐ Change Addition MCGAVIN, AUSTIN W NAME NAME STREET ADDRESS STREET ADDRESS 1859 NORTH PINE ISLAND ROAD CITY-ST-ZIP PLANTATION FL 33322 CITY-ST-ZIP ☐ Delete ☐ Addition MCGAVIN, ADAM E STREET ADDRESS STREET ADDRESS 4546 SOUTH SEMORAN BOULEVARD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 TITLE Channe Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

FILED

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. 7275266900 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5-24-06 7276436734

ATTACHMENT

P98000096234

This got lost

in mail as soon

as I got it I

Sent it away.

New mail MAN

Sorry (hone you

oue nome