2006 FOR PROFIT CORPORATION

CITY-ST-ZIP TI31 F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ANNUAL REPORT FILED **DOCUMENT # P99000011888** Feb 08, 2006 08:00 AN 1. Entity Name WITOLD MYSKO, INC. **Secretary of State** Principal Place of Business Mailing Address 169 FLAGLER, SUITE 621 169 FLAGLER, SUITE 621 MIAMI, FL 33131 MIAMI, FL 33131 02052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0896000 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TANEN, JEFFREY S ESQUIRE DO NOT WRITE ONE BISCAYNE TOWER, SUITE 3250 TWO SOUTH BISCAYNE BOULEVARD IN THIS SPACE MIAMI, FL 33131 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 eignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MYSKO, WITOLD NAME STREET ADDRESS 169 E. FLAGLER STREET, SUITE 621 CITY-ST-ZIP MIAMI, FL 33131 TITLE U00000425265 02/18/06-80087-021 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR L 2 00 / 374 84 8 2 Dayting Phone #