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2001 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 10, 2001 8:00 am Secretary of State P99000024270 **DOCUMENT #** 1. Entity Name 06-14-2001 90010 029 ***150.00 ENNIS BRADLEY ASSOCIATES U.S. INC. 09-10-2001 90063 015 ***400.00 Principal Place of Business Mailing Address M.P.O. BOX 2223 M.P.O. BOX 2223 NIAGARA FALLS NY 14302 NIAGARA FALLS NY 14302 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-2170167 Not Applicable Zip Country --Zip-\$8.75 Additional 5. Certificate of Status Desired. - - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS ENTERPRISES INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BLVD #211 PALM BEACH GARDENS FL 33418 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (5/01) TITLE ☐ Change TITLE ☐ Delete GILMORE, BRAD NAME NAME M.P.O. BOX 2223 STREET ADDRESS **CR2E034** STREET ADDRESS NIAGARA FALLS NY 14302 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME GILMORE, JAN STREET ADDRESS STREET ADDRESS M.P.O. BOX 2223 NIAGARA FALLS NY-14302 -CITY-ST-ZIP = CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE Delete TITLE 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-7IP

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

SIGNATURE:

ATTACHMENT AW84686

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ENNIS BRADLEY ASSOCIATES U.S., INC. MPO Box 2233 Niagara Falls NY 14302

ATTACHMENT AWY686

August 31, 2001

Uniform Business Report Division of Corporations PO-box-1500

Tallahassee Fl

FL 32302-1500

P99000024270

We spoke with your office today and were informed that a letter had been sent to us in June. I did not receive this letter. I have attached a photocopy of the cancelled check for the fee of \$ 150.00 paid April 30/01. We note that the check was not cashed until June 14/01, but since it was sent on time we do not understand why an additional fee was applied, perhaps due to slow mail delivery or processing.

I am enclosing the check required for \$ 400.00. Please review our claim and advise.

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I trust this is satisfactory.

Yours truly,

Jan Gilmore

Ennis Bradley Associates US Inc.