2004 FOR PROFIT CORPORATION

.CITY - ST - ZIP

SIGNATURE:

Secretary of State ANNUAL REPORT DOCUMENT # P99000030576 01-30-2004 90077 019 ***150.00 1. Entity Name NICHOLAS T. BILLETT, INC. 94007934 Mailing Address Principal Place of Business PO BOX 4234 4731 OLD FARMS RD. SARASOTA, FL 34230-4234 US SARASOTA, FL 34233 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CR2E034 (10/03) 01152004 Chg-P P.O. Box 19797 Applied For 4. FEI Number City & State Sarasota, Florida Not Applicable 65-0910862 34276-2797 U.S. Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name QUICKER, MICHAEL J ESQ. Quicker, Michael J. Street A 240 N. WASHINGTON BLVD., STE. 325 7061 S. Tamiami Trail SARASOTA, FL 34236 Suite 106 Sarasota, FL 34231 Code City for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statemen the obligations of registered ag SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change Addition ☐ Delete BILLETT, NICHOLAS T NAME NAME STREET ADDRESS STREET ADDRESS 4731 OLD FARMS RD. SARASOTA, FL 34233 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 ☐ Change TITLE Addition TITLE Delete NAME -NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP C/TY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 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-7IP 12. 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 10 or Block 11 if

FILED Jan 30, 2004 8:00 am