2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P9900038699 1. Entity Name THE MUNNINGS GROUP, INCORPORATED Mailing Address Principal Place of Business 21807 S.W. 98 PLACE 21807 S.W. 98 PLACE MIAMI FL 33190-1153 MIAMI FL 33190-1153 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For Cily & State 4. FEI Number City & State 65-0923107 Not Applicable Country Z₁O Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNNINGS, WINSTON Street Address (P.O. Box Number is Not Acceptable) 21807 S.W. 98 PLACE MIAMI FL 33190-1153 Zip Code City 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 DATE (NOTE Registered Agent signature required when reinstaling) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TIRLE ☐ Delete TITLE NAME MUNNINGS, WINSTON D U00000539310 21807 SW 98 PL STREET ADDRESS STREET ADDRESS 05/09/06-90093-023 150.00 CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33190-1153 TITLE ☐ Change ☐ Addition Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition BHE HTLE NAME MAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change Addition Defete HILE THE MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Change ☐ Addition RHE ☐ Delete TABLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recover 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.

Daytime Phone #