2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 03, 2006 8:00 am Secretary of State DOCUMENT # P99000043797 1. Entity Name 05-03-2006 90204 031 ***150.00 PARKWAY DESIGN GROUP, INC. Principal Place of Business Mailing Address 3620 SILVER STAR ROAD ORLANDO FL 32808 3620 SILVER STAR ROAD ORLANDO FL 32808 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. EEI Number Applied For City & State 59-3574459 Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAMESUSAN MORGAN \mathcal{I} MORGAN, SUSAN I Street Address (P.O. Box Number is Not Acceptable) 1043 RAMSGATE COURT WINTER PARK FL 32792 Cooper 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 the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00. \$5.00 May Be 9. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE ☐ Delete TITLE NAME MORGAN, SUSAN I NAME 205 Kemwad DR 1043 RAMSGATE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Greeneville, TH 37745 CITY-ST-7IP WINTER PARK FL 32792 Change ☐ Delete TITLE Addition TITLE MORGAN, GARY M MARKE 205 Kenwood DR Greenewille, TN 37745 STREET ADDRESS STREET ADDRESS 1043 RAMSGATE COURT CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 Delete TITLE ☐ Addition TITLE NAME NAME MORGAN, SUSAN I 205 Kenwood Dr. Greenealle, TK 37745 STREET ADDRESS STREET ADDRESS 1043 RAMSGATE CT CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME MORGAN, GARY M NAME 205 Kenwood Dr Greeneville, TN 1043 RAMSGATE CT STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality 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 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.

FILED