2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2006 08:00 AM DOCUMENT # P99000054446 **Secretary of State** 1. Entity Name AUSTIN R. ACE, P.E., INC. Mailing Address Principal Place of Business 5908 ORCHARD POND DRIVE ORANGE PARK FL 32073 5908 ORCHARD POND DRIVE **ORANGE PARK FL 32073** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE GR2E034 (10/05) 4. FEI Number Applied For City & State City & State 59-3616244 Not Applicable Country Zio Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ACE, AUSTIN R Street Address (P.O. Box Number is Not Acceptable) 5908 ORCHARD POND DRIVE **ORANGE PARK FL 32073** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tillo if applicable (NOTE Registered Agent signature required when tenslating) DATE 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. Change Addition VPS BILE TISSE ☐ Delete ACE, TERESA MANE NAME STREET ADDRESS STREET ADDRESS 5908 ORCHARD POND DR CITY-ST-ZIP CITY-SE-ZIP ORANGE PARK FL 32073 ☐ Change ☐ Addition ☐ Delete TITLE U00000485083 MAMIL MAM 04/12/06-80070-011 150.00 STREET ANDRESS STREET ADDRESS City -ST - ZIP CHTY - ST- 21P ☐ Detete ☐ Change Addition 3)1)2 1271.5 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition RILE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET AUDIRESS C11Y-S1-21P CATY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-70? ☐ Ociete TRALE ☐ Change ☐ Addition 71717 NAME DAME STREET ADDRESS STREET ADDRESS CATY - ST - ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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

of the corporation of the receiver of trusted ampowered to execute this report as it changed, or on an attachment with an address, with all other like ampowered.

SIGNATURE:

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