FILED Apr 18, 2002 8:00 am & Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000060556 1. Entity Name 04-18-2002 90468 045 ***300.00 A MARY WATT ELECTRIC, INC. Principal Place of Business Mailing Address 2017 N.E. 21 TERRACE 2017 N.E. 21 TERRACE DUUDBBY1 JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address 550 NE TOWN TERR 550 NE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0931744 lenzen Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUNTER, KELLY B Street Address (P.D. Box Number is Not Acceptable) 2017 NE 21ST TERRACE JENSEN BEACH FL 34957 Zip Code 网络维尔斯 经分配股份 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change HUNTER, KELLY NAME NAME 550 NE TOWN TEL JENSEN BEACH to. 3495 2017 N.E. 21 TERRACE STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP CITY-ST-ZIP 1 ; TITLE □ Delete TITLE ☐ Addition NAME 4. HUNTER, MARY A NAME 2017 NE 21ST TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-7IP TITLE ☐ Delete TITI F ☐ 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-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change 🔆 🖸 Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 ampowered to execute this report as traditived by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

PHINTEDNAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: