2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 01, 2006 8:00 am Secretary of State DOCUMENT # P99000061162 1. Entity Name 05-01-2006 90313 038 ***150.00 124 US HIGHWAY 1 HOLDING CORP. Principal Place of Business Mailing Address 124 US HIGHWAY 1 N PALM BEACH FL 33408 124 US HIGHWAY 1 N PALM BEACH FL 33408 Principal Place of Business 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For 65-0933390 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARVIDSON, KAREN Box Number is Not Acceptable 124 US HIGHWAY 1 N PALM BEACH FL 33408 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME JAMES, LEAH A NAME STREET ADDRESS 920 LIGHTHOUSE DRIVE STREET ADDRESS CITY-ST-ZIP N PALM BEACH FL 33408 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition Arvidson NAME ARVIDSON, KAREN NAME STREET ADDRESS 124 US HIGHWAY 1 STREET ADDRESS CITY-ST-ZIP N PALM BEACH FL 33408 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7tP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby 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 repeiver 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