2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 13, 2006 8:00 am Secretary of State DOCUMENT # P9900066226 02-13-2006 90013 026 ***150.00 SIMMENS BUILDING OF INDIAN RIVER, INC. Principal Place of Business Maifing Address 2209 EAST OCEAN OAKS LANE VERO BEACH FL 32963 2209 EAST OCEAN OAKS LANE VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 65-0939631 Not Applicable Country Zio Country \$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 SIMMENS, JOSEPH F Street Address (P.O. Box Number is Not Acceptable) 2209 EAST OCEAN OAKS LANE VERO BEACH FL 32963 City 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, typed or printed riame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DIRECTOL TITLE TITLE ☐ Delete SUSAN A. SIMHEUS NAME SIMMENS, JOSEPH F NAME 2209 E. OCEAN OAKS LU, STREET ADDRESS STREET ADDRESS 2209 EAST OCEAN OAKS LANE 32963 vero Beach, FL. CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP DIRECTOL TITLE ■ Addition ☐ Delete JOSEPH A. SIMMENS NAME NAME 2209 F. OCEAN DAKE LU. STREET ADDRESS STREET ADDRESS Velo BEACH, FL 32963 CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete TITLE 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 ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP

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 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 paper like empowered.

SIGNATURE:

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FILED