2006 FOR PROFIT CORPORATION ~ANNUAL REPORT (AR)

Mar 15, 2006 8:00 am Secretary of State DOCUMENT # P99000067088 1. Entity Name 03-15-2006 90118 012 ***150 00 DEREUS GROVES, INC. Principal Place of Business Mailing Address 510 N. FLORIDA AVE. 510 N. FLORIDA AVE. LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/95) City & State City & State Applied For 4. FEI Number 59-3597183 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEREUS, MARJORIE A Street Address (P.O. Box Number is Not Acceptable) 2050 ARIANA BLVD. **AUBURNDALE FL 33823** 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. 六 SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be 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. 11. Addition TATLE ☐ Defete TITLE Change NAME DEREUS, FORREST E NAME STREET ADDRESS STREET ADDRESS 2050 ARIANA BLVD. CITY-ST-ZIP AUBURNDALE FL 33823 CITY-ST-ZIP TITLE Delete TITLE M Change ■ Addition DEREUS, MARK T 1548 ARIANA BLYD STREET ADDRESS 726 ORANGE PARK AVE. STREET ADDRESS AUBURNDALE, FL 33823 CITY-ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP Delete ☐ Change ■ Addition DEREUS, MARJORIE A NAME STREET ADDRESS 2050 ARIANA BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL 33823 ☐ Defete TITI F Change ☐ Addition TET1 F LALONDE, SHARRON D NAME NAME 2182 ARIANA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 33823 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11TLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

I hereby certify that the information supplied with this filling 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 other like empowered.

SIGNATURE: Forest E. De Keus Forles T E. De Keus SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED