2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

2006 SEP -5 PM 3: 44 DOCUMENT # P99000070990 EDWARD RILEY BRADLEY'S, INC. SECRETARY J. STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 104 CLEMATIS ST. 470 COLUMBIA DR. WEST PALM BEACH, FL 33401 D-201 WEST PALM BEACH, FL 33409 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08312006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0941946 Not Applicable Country 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 Name CONIGLIO, FRANK S Street Address (P.O. Box Number is Not Acceptable) 1139 N OCEAN BLVD PALM BEACH, FL 33480 City Zip Code FL 8. The above named entity mits 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 regis SIGNATURE and name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Р Delete TITLE ☐ Change Addition CONIGLIO, FRANK S NAME NAME 000079731340 STREET ADDRESS 1139 N OCEAN BLVD STREET ADDRESS 03/12/06--01063--014 **79.88 City-St-7IP PALM BEACH, FL 33480 CITY-ST-ZIP **VPS** TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME CONIGLIO, GAIL L STREET ADDRESS 1139 N OCEAN BLVD STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP AITLE ☐ Delete IMLE ☐ Change ☐ Addition NARDOLILLO, MYLENE NAME NAME STREET ADDRESS 104 CLEMATIS ST STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition CONIGLIO, NICHOLAS NAME NAME STREET ADDRESS 104 CLEMATIS STREET STREET ADDRESS CATY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP VICE PRESIDENT THEF ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS WEST PAIN BEACH, FL. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE CSILLA JUKMENCUKS NAME NAME 104 CLEHATTS ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALHBOACH, FL. 33480 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

FRANKS CONIGLIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

PRESIDENT NANAGING PAKTNER FILED