2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: MAKGARET RUFFOLD IN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

Apr 11, 2006 8:00 am Secretary of State DOCUMENT # P99000077792 03-27-2006 90259 039 ***150.00 1. Entity Name M.R. FOUR, INC. Principal Place of Business Mailing Address 770000777 3357 W. HILLSBORO BLVD. 5380 PINE CIRCLE DEERFIELD BEACH FL 33442 **CORAL SPRINGS FL 33067** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0957775 Not Applicable Zip Country Zip 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 MEYERS CHRISTINE ANDREWS, LEWIS Street Address (P.O. Box Number is Not Acceptable) 9836 W SAMPLE ROAD 2230 FOREST CORAL SPRINGS FL 33065 SUITE Zip Code 33414 WELLING TON 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. 10 SIGNATURE Signature, typed of prelied ha FILE NOW!!! FEE IS \$150.00. \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. nne Delete TITLE ☐ Change ☐ Addition RUFFOLO, MARIO NAME MAKE STREET ADDRESS 3359 W HILLSBORO BLVD STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 CUY-SI-7IP TITLE Delete TITLE ☐ Change ☐ Addition RUFFOLO, MARIO NAME STREET ADDRESS 3357 W. HILLSBORO BLVD. STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP THELE Delete TITLE ☐ Change ■ Addition NAME RUFFOLO, MARGARET NAME STREET ADDRESS STREET ADDRESS 3357 W HILLSBORO BLVD CITY-ST-ZIP DEERFIELD BEACH FL 33442 CITY-ST-78P MLE Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-SI, 7D CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TUTE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 1.19, 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.

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