2001 UNIFORM BUSINESS REPORT (UBR)

Apr 14, 2001 8:00 am Secretary of State DOCUMENT # P99000088813 1. Entity Name SHIPPING SOLUTIONS INTERNATIONAL, INC. 04-14-2001 90039 030 ***150.00 Mailing Address Principal Place of Business 2639 LEMON STREET N.E. 2639 LEMON STREET N.E. PALM BAY FL 32905 PALM BAY FL 32905 2. Principal Place of Business 3. Mailing Address DO NOT-WRITE IN THIS SPACE Suite=Ant=#setc. -Suite-Apt-#::etc 4. FEI Number Applied For City & State 59-3617862 Dourne Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent DANDREA, KÉVIN Box Number is Not Acceptable) 2639 LEMON STREET N.E. PALM BAY FL 32905 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 ... 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE NAME NAME DANDREA, KEVIN STREET ADDRESS STREET ADDRESS PO BOX 060941 CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32906-0941 ☐ Addition ☐ Delete Change TITLE NAME NAME DANDREA, PATTY STREET ADORESS STREET ADDRESS PO BOX 060941 CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32906-0941 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01 544-6077

Daytime Phone #