FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State P99000091856 DOCUMENT # 1. Entity Name 05-27-2002 90354 029 ***150.00 BLUE HOUSE, INC. Principal Place of Business Mailing Address 205 E. CENTRAL BLVD. 205 E. CENTRAL BLVD. SUITE 601 SUITE 601 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 236 OAK CHASE PLACE 236 OAK CHASE PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3613047 Not Applicable DAVENPORT \$8:75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUICHERIT J. BENNETT GROCOCK, P.A. Street Address (P.O. Box Number is Not Acceptable) 205 E. CENTRAL BLVD. 236 OAK CHASE PLACE SUITE 601 ORLANDO FL 32801 City DAVENPORT 8. The above named entity submits this element for the purpose of changing its registered office or registered agent, or both, in the State of Florida GUICHERUT S.F. SIGNATURĒ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DST Change Addition ☐ Delete TITLE TITLE VAN DIIK HENK NAME van dijk, henk NAME 236 BAKI CHASE PLACE 205 E. CENTRAL BLVD., SUITE 601 STREET ADDRESS STREET ADDRESS DAVENPORT, FL 33896-6102 CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP PD ☐ Delete TITLE Change ☐ Addition TITLE NAME GUICHERIT STEVEN F STREET ADDRESS & 236 OAK CHASE PLACE GUICHERIT, STEVEN F NAME STREET ADDRESS 205 E. CENTRAL BLVD., SUITE 601 DAVENPORT FL 33896-6102 CITY-ST-ZIP ORLANDOLFL 32801 TITLE Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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

SIGNATURE: SIGNATUBERND

863-4202697 Daytime Phone #