2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 01-25-2007 90037 032 ***150.00 **DOCUMENT # P99000096818** 1. Entity Name KARMEL SARASOTA, INC. PUUUUUTTU Principal Place of Business Mailing Address 2120 HARBORSIDE DR. 2A THETFORD RD THE ARTRIUM, UNIT 613 NEW MALDEN, SU KT35D LONGBOAT KEY, FL 34228 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 23 Fairacres 23 Fairacres Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 CR2E034 (12/06) Roehampton Lane Roehampton Lane Applied For 4. FEI Number London Tolkins London 65-0960419 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired SW15 5LXZ UK Fee Required SW15_5LXZ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RITCHEY, JAMES L 200 SOUTH ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 City Zip Code 8. The above named entity submits the state of Florida. I am familiar with, and accept the obligations of registered agen SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, DPT TITLE Delete TITLE · 🔀 Change KARMEL, NIGEL L Karmel, Nigel L. NAME NAME 23 Fairacres, Roehampton Lane STREET ADDRESS 2120 HARBORSIDE DR UNIT 613 STREET ADDRESS CITY-ST-7IP LONGBOAT KEY, FL 34228 London SW15 5LXZ, UNITED KINGDOM CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE Karmel, Penelope NAME KARMEL, PENELOPE NAME 2120 HARBORSIDE DR UNIT 613 STREET ADDRESS 23 Fairacres, Roehampton Lane STREET ADDRESS LONGBOAT KEY, FL 34228 CITY-ST-7IP CITY-ST-7IP London SW15 5LXZ, UNITED KINGDOM TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 23/2007

FILED Jan 25, 2007 8:00 am