2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P99000097083 01-30-2006 90055 025 ***158.75 Entity Name FERRELL SANFORD STUDIO, INC. Principal Place of Business Mailing Address 1473 BARCELNA AVENUE 1473 BARCELNA AVENUE FORT MYERS, FL 33901 FORT MYERS, FL 33901 2. Principal Place of Business 3. Mailing Address 473 Barcel Suite. Ant. #. etc 01272006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0963177 Not Applicable Zip Country Zip 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 SANFORD, ROBERT E 1473 BARCELNA AVENUE - Please Concret Street Address (P.O. Box Number is Not Acceptable) FORT MYERS, FL 33901 Barcelon 1473 City Zip Code 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 Jan 20010 SIGNATURE tered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE ■ Change ☐ Addition SANFORD, ROBERT E NAME NAME 1473 Barcolona Ave STREET ADDRESS 1473 BARCELNA AVENUE <--STREET ADDRESS FORT MYERS, FL 33901 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE X Change ☐ Addition FERRELL, TONI L NAME 1473 Barcelona Ave 1473 BARCELNA AVENUE ← STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33901 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED Jan 30, 2006 8:00 am

239-334-3832

Toni Ferrell, V.P. 27 Jun 2006