2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000098711** May 08, 2000 8:00 am Secretary of State 1. Entity Name BALLEN MORTGAGE CORP. 04-14-2000 90019 020 ***150.00 Mailing Address Principal Place of Business 1611 W DONEGAN AVE UNIT 6 1611 W DONEGAN AVE UNIT 6 KISSIMMEE FL 34741-2001 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address ILLI WEST DONE GAN AUG DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite Applied For City & State City & State 4. FEI Number Not Applicable 59-3605610 FloRIDA ISSIMMEE \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required SCHOUN 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEYERS, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 1611 W DONEGAN AVE UNIT 6 KISSIMMEE FL 34741 Zio 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. 11. PRESIDENT PRESCOENT ☐ Addition CR2E034 (9/99) ☐ Change Dolete THE TITLE WILLIAM EMEYERS NAME NAME WILLIAM E MEXERS HELL WEST DONEGAN AVE ILII WEST COMESTA ANT SUITE 4 STREET ADDRESS STREET ADDRESS CITY - ST-7IP KISSIMMEE BUNGL CITY-ST-ZIP KISSIMMEE, 121 BUNLY VICE PRESIDENT SECRETARY TITLE ☐ Change TITLE VINE PLUSIDENT RICHARD JORDAN NAMÉ NAME RICHARD SERO ILE I WEST DONEGAN AVE STREET ADDRESS ILLI WESLOSHE GAT STREET ADDRESS KISSIMMEE FI 34941 CMY-ST-ZIP CITY-ST-ZIP ☐ *Change Addition ☐ Defete TITLE TITLE NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE KANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this time 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 explorered of 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 a cother like empowered.

SIGNATURE:

D.LUAME MEYERS 4/10/10

40n-870-05

Daytime Phone