2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # \$11738 Apr 24, 2006 08:00 AM Secretary of State 1. Entity Name DESIERRA CORPORATION Principal Place of Business Mailing Address 41 S FEDERAL HWY DEERFIELD BEACH FL 33441 41 S FEDERAL HWY DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 65-0246851 Not Applicat Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIERRA, MARTHA E. Street Address (P.O. Box Number is Not Acceptable) 41 S FÉDERAL HWY DEERFIELD BEACH FL 33441 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registation) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May P After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change DHE Delete NAME SIERRA, MARTHA E NAME STREET ADDRESS 41 S FEDERAL HWY STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL U00000526071 Change TITLE Delete THE Addáin MARJE NAME 05/04/06-80059-015 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ____ TITLE ☐ Change ☐ Add** NAME STREET ADDRESS STREET ADDRESS CHIY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Ar ... KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZAP ☐ Delete ☐ Change TITLE TITLE Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Chance Adding NAME NAME STREET ADDRESS STREE (ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME DE SIGNING OFFICER OR DIRECTOR