2006 FOR PROFIT CORPORATION

Jan 26, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # \$16539** 01-26-2006 90029 047 ***150.00 1. Entity Name COLE EQUITY, INC. Principal Place of Business Mailing Address 317 7TH STREET S 317 7TH STREET S SAINT PETERSBURG, FL 33701 SAINT PETERSBURG, FL 33701 2. Principal Place of Business 3. Mailing Address 5 Ame \$5 1 Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 Chg-P CR2E034 (11/05) Applied For City & State 4. FEI Number City & State St. Petersbur 59-3038086 Not Applicable Country U.S. Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 717 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLE 6.0 COLE, G. C., JR. Street Address (P.O. Box Number is Not Acceptable) 317 7TH STREET S SAINT PETERSBURG, FL 33701 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 the obligations of registered agent, SIGNATURÉ and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE VP ☐ Change Addition Delete TITLE COLE, G, C, NAME NAME 8583 BARDMOOR PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF LARGO, FL 33777 CITY-ST-ZIP Change Change TITLE ☐ Delete TITLE ☐ Addition COLE, G. C., JR. CoLe, G.C., Jr NAME NAME STREET ADDRESS 317 7TH STREET S STE 2 STREET ADDRESS SAINT PETERSBURG, FL 33701 CITY-ST-7IE CITY-ST-7IP ☐ Change TITLE Delete noitibhA [TITLE 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-7IP CITY-ST-74P Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP

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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 atta