2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 20, 2006 08:00 AM DOCUMENT # \$40936 Secretary of State 1. Entity Name LOUIS H. RITTER & ASSOCIATES, INC. Principal Place of Business Mailing Address POST OFFICE BOX 10243 TALLAHASSEE FL 32302 POST OFFICE BOX 10243 TALLAHASSEE FL 32302 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3228529 Not Applicat Country Zio Country Zib \$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 Name RITTER, LOUIS H 985 PALM VALLEY RD Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA BEACH FL 32082 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 privide name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00" 9. Election Campaign Financing \$5.00 May 6 After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Defete TIFLE ☐ Chande Acii" NAME RITTER, LOUIS H NAME U00000441371 03/03/06-80032-015 150.00 STREET ADORESS 985 PALM VALLEY RD STREET ADDRESS COY-ST-70 PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP ☐ Change ☐ Aborni ☐ Delete TITLE T175 F NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Ogned3 🔲 mu ☐ Datote ME NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIF C15Y - ST - Z19 ☐ Change SITE ☐ Delete NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP THITE Delete MISLE Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Dolete 7171 ¥ ☐ Change ☐ Acti NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7/P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, 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 if changed, or on an attrachment with an address, with all other like empowered.

SIGNATURE:

Louis A. Ritter

Fef. 16 2006

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