2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

 I hereby certify that the Information supplied with this filing does indicated on this report or supplemental report is true and acceptance. of the corporation of the receiver or trustee empowered to it changed, or on an attachment with an address, with

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE: __

Mar 27, 2006 08:00 AM Secretary of State DOCUMENT # S47493 L Entity Name TWO OCEANS MOPED RENTAL NO. 3. INC. Principal Place of Business Mailing Address 1910 N ROOSEVELT BYLD KEY WEST FL 33040 US 1910 N ROOSEVELT BLVD KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Surte, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 65-0265066 Not Applicable Ζip Country Country \$8.75 Additional 5. Certilicate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name SAVIANO, DENNIS P. Street Address (P.O. Box Number is Not Acceptable) 1910 N ROOSEVELT BLVD KEY WEST FL 33040 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. SIGNATURE Signature, typed or printed name of registered agent and titto it applicable (MOTE: Registered Agent signature requited when templated) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing **\$5.00** May 🖰 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 3JT)) ☐ Delete THE ☐ Change Addition U00000480571 NAME SAVIANO, DENNIS P. NAME 04/10/06-90050-004 150.00 STREET ADGRESS STREET AUDRESS 1910 N ROOSEVELT BLVD CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP TITLE ☐ Delete TITLE Additional Assessment Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP THE Delete RUF Change $\square M^{***}$ NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP BDE ☐ Detete Change TITLE □ A· · · · NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete A. $\pi\pi e$ ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IDLE Defete TITLE Change □ Ac NAME NAME STREET ADDRESS STREET ADDRESS Chy-St-719 CITY-ST-ZIP Not qualify for the exemptions contained in Section 118, Florida Statutes, I further certify that the informative and triat my signature shall have the same legal effect as if made under path, that I am an officer or direct the freport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block ke expowered.

DENNIS SAVIANO 3-21-06

FILED