2006 FOR PROFIT CORPORATION __ANNUAL REPORT (AR)

Mar 08, 2006 8:00 am **Secretary of State** DOCUMENT # S50443 1. Entity Name 03-08-2006 90190 003 ***150.00 KROPSCHOT FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 116 ESTUARY DRIVE 116 ESTUARY DRIVE VERO BEACH FL 32963 VERO BEACH FL 32963 3. Mailing Address 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number 65-0272065 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen Bruce KROPSCHOT, BRUCE 116 ESTUARY DRIVE VERO BEACH FL 32963 Zip Code 32963 City 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 age SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DRE MEV ☐ Delete TITLE ☐ Change ☐ Addition BILLINGS, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 309 WINDFERN CT CITY-ST-ZIP MILLERSVILLE MD 21108 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE KROPSCHOT, BRUCE NAME STREET ADDRESS STREET ADDRESS 116 ESTUARY DRIVE CITY - ST - ZIP CITY-ST-ZIP VERO BEACH FL 32963 □ Detate 1111 F Change_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY- ST- ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

Bruce Kropichot, President 2/17/06 772-228-9808

FILED