2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 22, 2006 8:00 am Secretary of State 03-22-2006 90012 046 ***150.00 **DOCUMENT # S95685** 1. Entity Name SEMINOLE INVESTMENTS, INC. Principal Place of Business Mailing Address ONE NORTH CLEMATIS STREET ONE NORTH CLEMATIS STREET SUITE 305 SUITE 305 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0522354 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIENER, DAVID J Street Address (P.O. Box Number is Not Acceptable) ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH! 3340 Beach 8. The above r e purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation 2.21.06 SIGNATURE. ted name of registered agent 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 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS TITLE ☐ Delete TITLE ☐ Change ☐ Addition PRESTON, JOHN W S NAME NAME STREET ADDRESS ONE NORTH CLEMATIS STREET, SUITE 305 STREET ADDRESS CITY-ST-7IP WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME PRESTON, STEPHEN S.B. NAME STREET ADDRESS ONE NICLEMATIS STREET, STE 305 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME PRESTON, MONIKA NAME STREET ADDRESS ONE N CLEMATIS STREET, STE 305 STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TIFLE ☐ Change Addition 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-ZIP CITY-ST-ZIP ing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that indicated on this

ther like empowered

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED