2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)-

Mar 16, 2006 08:00 AM DOCUMENT # V12263 **Secretary of State** 1. Entity Name PERFORMANCE PLUS. INC. Principal Place of Business Mailing Address 12130 WILES ROAD CORAL SPRINGS FL 33067 12130 WILES ROAD CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address Suita, Apt. 4, etc. Suite, Apt #, etc. 1st MOORE GR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0311794 Not Applicable Zip Country Z_{1D} Country \$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 KEMPINSKI, PAUL 12130 WILES ROAD Street Address (P.O. Box Mumber is Not Acceptable) CORAL SPRINGS FL 33067 Zip Code FI 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. Signatura, typad or pointed name of registered agent and life is applicable (MOTE Registated Agent signature required when remalating) DATE 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP Defete DHE ☐ Change ☐ Addition NAME KEMPINSKI, PAUL deatae STREE (ADDRESS 12130 W LES ROAD STREET ACCIDENCE 03/25/06-80005-021 150.00 CHTY-ST-ZIP **CORAL SPRINGS FL** CHY-ST- AP Delete HRE ☐ Change Addition NALIE KEMPINSKI, PAUL 帕纳托 STREET ADORESS 12130 W LES ROAD STREET ADDRESS CITY-ST-ZP CORAL SPRINGS FL CSD*-ST-ZSP TITLE Detate Hick Change Addition MAME NAME STRULT ADDRESS STREET AUDRESS DITY-\$7-71P Carr-SI-ZP TITLE Delete 2,000 ☐ Change Addition NAME MALSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY- ST-ZIP TITLE Defets TITLE Change 🗀 Addition NAME MANE STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST- OP DILE Delete SSLE Change. Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ISP CITY-ST- IF 12. I hereby 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 eath, 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.

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SIGNATURE:

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