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

12. I hereby certify that the information supplied with this filindicated on this report or supplemental report is tr of the corporation or the receiver or trustee empoy if changed, or on an attachment with an address,

SIGNATURE:

Feb 01, 2006 08:00 AM **DOCUMENT # V52122 Secretary of State** 1. Entity Name THE RONNING COMPANY, INC. Principle! Place of Business Mailing Address 105 HOPE STREET LONGWOOD FL 32750 US 685 STONEFIELD LOOP HEATHROW FL 32746 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 59-3147004 Not Applicate Country Zφ 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 RONNING, TODD J. Street Address (P.O. Box Number is Not Acceptable) 685 STONEFIELD LOOP LAKE MARY FL 32746 Zip Code 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 agent. SIGNATURE Signature. Typed or printed name of registered agent and little if applicable DATE (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8-After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. III A⊝™ ☐ Delete TITLE Change T)TLE NAME NAME RONNING, TODD J. U00000413087 02/10/06-80075-012 150.00 STREET ADDRESS STREET ADDRESS 685 STONEFIELD LOOP CITY-ST-2IP HEATHROW FL 32746 CITY - ST- ZIP Delete Change Addition TITLE TITLE NAME RONNING, DIRK D. NAME 685 STONEFIELD LOOP STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHY-ST-ZIP HEATHROW FL 32746 Change ∏ Addit. TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY -ST - ZIP Change Admin. ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP Change I BAGTO Delete UTGE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ing does not qualify for the exemptions contained in Section 119, Florida Statutes. (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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 an other like empowered.

FILED

TODD J. RONNING 1/20/06 407-466-181;