2006 FOR PROFIT CORPORATION

Apr 18, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #V73122 04-18-2006 90069 032 ***150.00 WALKER & TUDHOPE, P.A., A FLORIDA PROFESSIONAL **ASSOCIATION** Principal Place of Business Mailing Address Mar. 1053 MAITLAND CENTER COMMONS BLVD 1053 MAITLAND CENTER COMMONS BLVD 200 MAITLAND, FL 32751 MAITLAND, FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3150628 Not Applicable Zip 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 Name WALKER, BERRY J. 1053 MAITLAND CENTER COMMONS BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 200 MAITLAND, FL 32751 Zip Code 8. The above named entity subject his 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. Berry J. Walker 4/10/06 SIGNATURE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P, VP, S, T, D PSTD TITLE ☐ Delete TITLE WALKER BERRY J. 1053 Maitland Center Commons Blrd. WALKER, BERRY J NAME NAME 1053 MAITLAND CENTER COMMONS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP 32751 Maitland VPD TITLE Delete ☐ Change ☐ Addition TUDHOPE, WALLACE W NAME NAME STREET ADDRESS 1053 MAITLAND CENTER COMMONS BLVD STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP TITLE Delete TITLE . ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 a paddress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE:

Berry J. Walker, Jr, thesident

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