I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIRIAM B WALLING

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address:

Current Principal Place of Business:

Entity Name: MIRIAM B. WALLING, CPA, P.A.

355 NE 5TH AVE SUITE 6 DELRAY BEACH. FL 33483

FEI Number: 59-2184316

DOCUMENT# F81250

355 NE 5TH AVE SUITE 6 DELRAY BEACH. FL 33483

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

WALLING, MIRIAM B 355 NE 5TH AVE SUITE 6 DELRAY BEACH, FL 33483 US

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.

SIGNATURE:

Officer/Director Detail : Title PD Title D WALLING, MIRIAM B Name Name 355 NE 5TH AVE SUITE 6 Address Address City-State-Zip: DELRAY BEACH FL 33483 City-State-Zip:

FILED Jan 08, 2014 Secretary of State CC5508250192

Certificate of Status Desired: No

WATSON, STEPHANIE M 355 NE 5TH AVE SUITE 6 DELRAY BEACH FL 33483

PRESIDENT

01/08/2014

Date

Date