| No. <b>C 171252</b>   |      | Due no later than Feb 28, 2011                          |   | 2. Registered Age                     | 2. Registered Agent and Address (NO PO BOX)                          |                |             |  |
|---|------|---|---|---------------------------------------|--|----------------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |      |   | ,                                       | 1423 TYRELL LA<br>BOISE ID 837<br>USA | NATIONAL REGISTERED AGENTS INC<br>1423 TYRELL LANE<br>BOISE ID 83706 |                |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE<br>4. Corporations: Enter Names and Busin  |      | ass Addresses of Dresid                                 | out Corretory, and Disasters Transcript | or (entional)                         | (optional)   |                |             |  |
| Office Held   | Name | ess Addresses of Freside                                | Street or PO Address                    | City                                  | State  | Country        | Postal Code |  |
| PRESIDENT MARTIN C BOIRE SECRETARY BRUCE JONAS                                      |      | 595 W GRANADA BLVD STE J<br>16017 N FLORIDA AVE STE 125 | ORMOND BEACH<br>TAMPA LUTZ              | FL<br>FL                              | USA<br>USA   | 32174<br>33549 |             |  |
| 5. Organized Under the Laws of:   |      | 6. Annual Report must be signed.*                       |   |                                       |  |                |             |  |
| ID<br>C 171252  |      | Signature: Martin Boire                                 |   | D                                     | Date: 12/15/2010   |                |             |  |
|   |      | Name (type or print): Martin Boire                      |   | Title: President                      |  |                |             |  |
| Processed 12/15/201   | .0   | * Electronically provided                               | d signatures are accepted as original s | ignatures.                            |  |                |             |  |