2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 22, 2007 8:00 am **DOCUMENT # 152846 Secretary of State** 02-22-2007 90012 009 ***150.00 BENDON INVESTMENT COMPANY, INC. Principal Place of Business Mailing Address 6408 E. COLUMBIA DRIVE 6408 E. COLUMBIA DRIVE **4**ηηςκοιο TAMPA, FL 33619 TAMPA, FL 33619 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4608 8 Suite, Apt. #, etc. 02182007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-0621658 Not Applicable mp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 361 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNDERBERG, PAUL Street Address (P.O. Box Number is Not Acceptable) 4608 S COOPER PL TAMPA, FL 33619 City Zip Code FL 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 title if applicable. (NOTE, Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Delete TITLE Change Addition TITLE UNDERBERG, MARY PATRICIA NAME NAME 1910 DOVEFIELD PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADON, FL CITY-ST-ZIP TSD TITLE TITLE Delete Change Addition UNDERBERG, PAUL NAME NAME 4608 S COOPER PLACE STREET ADDRESS STREET ADDRESS TAMPA, FL CITY-ST-ZIP CtTY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P ☐ Defete TITI F ☐ Channe ☐ Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CETY-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 an address, with all other like empowered.

FILED