FILED 2008 FOR PROFIT CORPORATION Jan 15, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # 200537** 01-15-2008 90034 024 ***150.00 1. Entity Name BONITA BEACH MOBILE HOMES VILLAGE INC Principal Place of Business Mailing Address annazaz 26275 HICKORY BLVD 26275 HICKORY BLVD **STE 41 STE 41 BONITA SPRINGS, FL 33923** BONITA SPRINGS, FL 33923 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 CR2E034 (12/06) Chg-P City & State City & State Applied For 4. FEI Number 59-0807084 Not Applicable Zip Country 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 DALLAS, EDWARD Street Address (P.O. Box Number is Not Acceptable) **BEACH ACCOUNTING & TAX** 17274 SAN CARLOS BLVD #202 FT MYERS BEACH, FL 33931 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 signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TOLE Change Addition GILLOCK, MARVIN NAME NAME 26215 Nickery Blud, Hay Bonita Springs, FL 34134 STREET ADDRESS 118 FOREST HILL STREET ADDRESS CITY-ST-ZIP JEFFERSON CITY, MO 65109 CITY-ST-ZIP Ralph Mucicles 656 Bohemia Parkway TITLE DSB TITLE Delete Addition GRAY, PATRICIA NAME NAME STREET ADDRESS 1927 SE 40TH TERRACE STREET ADDRESS Saywille, NY 11782 Doughs Both P.O. Bex 1382 CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-7IP TITLE **VPS** Delete TITLE **X** Addition NAME VANDERHEYDEN, AL NAME STREET ADDRESS 52784 HOLLOW TRAIL STREET ADDRESS Newport, RI 02840 CITY-ST-ZIP SOUTH BEND, IN 46628 CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME EMPIE, JOHN NAME STREET ADDRESS 5890 SOUTH STREET RD. STREET ADDRESS CITY-ST-70P AUBURN, NY 13021 CRY-ST-ZIP TITLE Delete ☐ Change ☐ Addition KACZMAREK, DAVID NAME MALIF STREET ADDRESS 26275 HICKORY BLVD., #26 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS, FL 34134** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME

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 aduress, with altestper like empowered.

STREET ADDRESS CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

MORNING GULGO