2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Jan 24, 2008 8:00 am **Secretary of State** DOCUMENT # F97000002874 01-24-2008 90030 020 ***150.00 NORMARK INVESTMENTS, INC. Principal Place of Business Mailing Address 21421 WIDGEON TERRACE 21421 WIDGEON TERRACE Annaaa. FORT MYERS BEACH, FL 33931 FORT MYERS BEACH, FL 33931 3. Mailing Address 1491 DAKES BLVD 2. Principal Place of Business - No P.O. Box # 1491 OAKES BLUD Suite, Apt. #, etc. 01152008 CR2E034 (12/06) WADLES FL 34119 4. FEI Number Applied For 85-0360743 Not Applicable Country 1 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARK SCANOLA SCAROLA, MARK Street Address (P.O. Box Number is Not Acceptable 21421 WIDGEON TERRACE FORT MYERS BEACH, FL 33931 NAPLES FL 3419 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 familia the obligations of registered agent CANDLA SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCΔ PCD TILLE Change ☐ Detete TITLE Addition SCAMOLA NAME SCAROLA, MARK NAME 1491 OAKES BLND 21421 WIDGEON TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH, FL 33931 CITY-ST-ZIP TITLE VSTD ☐ Delete TITLE ☐ Addition Noneed SCAROLA, NOREEN NAME NAME 1491 DAKES BLYD STREET ADDRESS 21421 WIDGEON TERRACE STREET ADDRESS CITY-ST-7IP FORT MYERS BEACH, FL 33931 CITY-ST-ZIP FL 34/19 TITLE ☐ Delete RULE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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 exempting to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with go address, with all other like empowered. Noneen CAMOLA SIGNATURE

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