2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002620

Entity Name: 3 DEGREES, INC.

FILED Aug 25, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
7651-C ASHLEY PARK COURT STE 411 ORLANDO, FL 32835		2013 LIVE OAK BOULEVARD SUITE E SAINT CLOUD, FL 34771
Current Mailing Address:		New Mailing Address:
PO BOX 70 ST CLOUE	00278 D, FL 34770	
In accordanc	: 20-4456026 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did n Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () not receive the prior notice. Name and Address of New Registered Agent:
CRAMER, 1411 EDGI	CHARLES W EWATER DRIVE STE 200), FL 32804 US	
	named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATUF		
	Electronic Signature of Registered Ag	gent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	D () Delete EVANS, JOHN R 614 CONNECTICUT AVENUE SAINT CLOUD, FL 34769	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete ANDRESS, JEFFREY A 3240 AURANITA ROAD MIMMS, FL 32754	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete KUBIK, BRIAN S 10538 OAKVIEW POINT TERRACE GOTHA, FL 34734	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete ALLEN, FREDRICK R PO BOX 700102 SAINT CLOUD, FL 34770	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete HURD, ROB 9133 KILGORE ROAD ORLANDO, FL 32836	Title: D (X) Change () Addition Name: FAYNE, BERNARD Address: 2013 LIVE OAK BLVD City-St-Zip: SAINT CLOUD, FL 34771
Title: Name:	D () Delete HAIR, ALAN	Title: () Change () Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. EVANS D 08/25/2008