2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P03000023172 04-27-2007 90225 020 ***150.00 1 Entity Name RABBIT HOLE, INC. Principal Place of Business Mailing Address 60043031 2420 GULF TO BAY BLVD 2420 GULF TO BAY BLVD CLEARWATER, FL 33765 CLEARWATER, FL 33765 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04052007 Chq-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 33-1041643 Not Applicable Zip Country Zip 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 Name LAGENBACK, WANDA Street Address (P.O. Box Number is Not Acceptable) 2420 GULF TO BAY BLVD CLEARWATER, FL 33765 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PS ☐ Change ☐ Addition ☐ Delete TITLE TITLE LANGENBACK, JESSE NAME NAME 2420 GULF TO BAY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33765 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE LAGENBACK, WANDA NAME STREET ADDRESS 2420 GULF TO BAY BLVD STREET ADDRESS CLEARWATER, FL 33765 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this tiling 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED