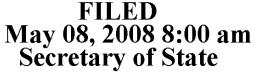
2008 FOR PROFIT CORPORATION

ANNUAL REPORT

SIGNATURE:



DOCUMENT # P04000017228 05-08-2008 90025 009 ***150.00 1. Entity Name LAW OFFICES OF DENNIS G. FANO, P.A. Mailing Address 400000-Principal Place of Business 225 NORTH EAST MIZNER BOULEVARD 225 NORTH EAST MIZNER BOULEVARD SUITE 300 SUITE 300 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 595 South Federal 595 South Federal Suite, Apt. #, etc. Suite, Apt. #, etc. 03052008 CR2E034 (12/06) Chg-P # 600 # 600 Applied For City & State 4. FEI Number City & State Boca 90-0138689 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 334<u>32</u> Fee Required 33432 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FANO, DENNIS G JR. Street Address (P.O. Box Number is Not Acceptable) 2882 SW LAKE TERRACE PALM CITY, FL 34990 Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P.S ☐ Change ☐ Addition TITLE Delete TITLE FANO, DENNIS GUR. NAME NAME STREET ADDRESS 2882 SW LAKE TERRACE STREET ADDRESS PALM CITY, FL 34990 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 addiress, with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR