2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2008 8:00 am Secretary of State DOCUMENT # P04000097444 04-11-2008 90028 050 ***150.00 1. Entity Name FAVORED INVESTORS, INC. Mailing Address 40084200 Principal Place of Business 5920 LONG CANYON DRIVE **5920 LONG CANYON DRIVE** ORLANDO, FL 32810 ORLANDO, FL 32810 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04062008 Chg-P City & State 4. FEI Number Applied For City & State Not Applicable 32-0120208 Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KATINA, WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 5920 LONG CANYON DRIVE ORLANDO, FL 32810 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete Change Addition TITLE TITI F KATINA, WILLIAMS NAME NAME STREET ADDRESS STREET ADDRESS 5920 LONG CANYON DRIVE CITY-ST-ZIP ORLANDO, FL 32810 CITY-ST-7iP Change ☐ Addition TITLE ☐ Delete TITLE MANAE NAME STREET ADDRESS STREET ADDRESS CiTY+ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP 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 address, with all other like empowered.

KATINA Williams VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FILED