2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

May 02, 2007 8:00 am Secretary of State DOCUMENT # P05000120457 05-02-2007 90076 048 ***150.00 SPRING HILL BOUNCERS, INC. Principal Place of Business Mailing Address quuv 1343 BISHOP RD ' 1343 BISHOP RD SPRING HILL, FL 34608 SPRING HILL, FL 34608 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9416 BELVEDERE STREET 9416 BELVEDERE STREET Suite, Apt. #, etc Suite, Apt. #, etc. 03012007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For SPRING HILL, FL SPRING HILL, FL 20-3421093 Not Applicable Country Country ^{Zip} 34608 \$8.75 Additional 5. Certificate of Status Desired 34608 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DESARIO, JOSEPH P DESARIO, JOSEPH P Street Address (P.O. Box Number is Not Acceptable) 1343 BISHOP RD SPRING HILL, FL 34608 9416 BELVEDERE STREET SPRING HILL 34608 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 Fiorida. 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 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete DPS TITLE TITLE Change ☐ Addition CANTWELL, JACQUELINE NAME NAME CANTWELL, JACQUELINE STREET ADDRESS 1343 BISHOP RD STREET ADDRESS 9416 BELVEDERE STREET SPRING HILL, FL 34608 CITY-ST-ZIP CITY-ST-ZIP SPRING HILL, FL 34608 ☐ Delete Change TITLE _ TITLE ☐ AddItion DVT DESARIO, JOSEPH P NAME NAME DESARIO, JOSEPH P 1343 BISHOP RD STREET ADDRESS STREET ADDRESS 9416 BELVEDERE STREET SPRING HILL, FL 34608 CITY-ST-ZIP CITY-ST-7IP SPRING HILL, FL 34608 ☐ Change ☐ Delete TATLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition 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-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME 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 roceiver or trustee empowered to execute his 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. JOSEPH DESARIO × 4/30/07

FILED