2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084495

Entity Name: LAW OFFICE OF SAUNDERS & SAUNDERS, P.A.

FILED Apr 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

660 SHOREVIEW AVENUE 7232 W. SAND LAKE ROAD WINTER PARK, FL 32789 US

SUITE 202

ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

660 SHOREVIEW AVENUE 7232 W. SAND LAKE ROAD WINTER PARK, FL 32789 US SUITE 202

ORLANDO, FL 32819 US

FEI Number: 20-5080452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAUNDERS, BART R SAUNDERS, BART R 660 SHOREVIEW AVENUE 7232 W. SAND LAKE ROAD WINTER PARK, FL 32789 US SUITE 202 ORLANDO, FL 32819 US

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.

SIGNATURE: 04/08/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SAUNDERS, BART R SAUNDERS, BART R Name: Name:

660 SHOREVIEW AVENUE 7232 W. SAND LAKE ROAD, SUITE 202 Address: Address:

City-St-Zip: WINTER PARK, FL 32789 US City-St-Zip: ORLANDO, FL 32819 US

Title: Title: VΡ (X) Change () Addition () Delete

SAUNDERS, LISA M SAUNDERS, LISA M Name: Name:

660 SHOREVIEW AVENUE Address: 7232 W. SAND LAKE ROAD, SUITE 202 Address:

WINTER PARK, FL 32789 US ORLANDO, FL 32819 US City-St-Zip: City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: LISA M SAUNDERS 04/08/2008