2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

DOCUMENT # P20870 FILED 1. Entity Name FERNALD ASSOCIATES, INC. Jul 22, 2008 08:00 AM **Secretary of State** Mailing Address Principal Place of Business P.O. BOX 1757 **891 HICKORY TERRACE BOCA RATON, FL 33486** BOCA RATON, FL 33429 No Cha-P CR2E034 (11/05) 07122008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-2657593 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNALD, OLAF H. DO NOT WRITE 891 HICKORY TERR. BOCA RATON, FL 33486 IN THIS SPACE 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. Schebure, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent aigniture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS TOTAL F PTD FERNALD, OLAF H. NAME STREET ADDRESS 891 HICKORY TERR. CITY-ST-ZIP BOCA RATON, FL 33486 U00000955803 07/22/08-80007-012 550.00 SD TITLE NAME FERNALD, JEANNE O. STREET ADDRESS 891 HICKORY TERR. BOCA RATON, FL 33486 CITY-ST-7IP TITLE FERNALD, G. LAWRENCE NAME STREET ADDRESS 25 BUCKINGHAM RD DO NOT WRITE NORWOOD, MA 02062 CITY-ST-ZIP IN THIS SPACE TITLE FERNALD, JONATHAN D. NAME 627 POKER HILL RD STREET ADDRESS CTTY-ST-ZIP UNDERHILL, VT 05489 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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