2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000069656

1. Entity Name

LEVAN ASSET MANAGEMENT CORPORATION



FILED
Mar 17, 2008 08:00 A
Secretary of State

Fee Required

Principal Place of Business

8250 COLLEGE PKWY #201 FORT MYERS, FL 33919 US Mailing Address

8250 COLLEGE PKWY #201 FORT MYERS, FL 33919 US



DO NOT WRITE IN THIS SPACE

| 01072008 No Chg-P 4. FEI Number 65-0535301 | | CR2E034 (11/05) | | |
|--|--|-----------------|----------------------------|--|
| | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired | | | \$8.75 Additional | |

6. Name and Address of Current Registered Agent

LEVAN, TERRIS 8250 COLLEGE PKWY #201 FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pions of registered agent. | urpose of changing its registered of | fice or r | egistered agent, or bo | th, in the State of Ftorida. I am familiar with, and accept |
|---------------------------------------|--|--|-------------|----------------------------------|---|
| SIGNATURE. | Signature, typed or printed name of registered agent and title if | annifestila (NOTE: Department Appr | u clanatur | e required when reinstalling) | DATE |
| | Syntatine, types or printed tarine or registered agent and line in | application (note: neglistered regel | " SIQUENCIE | e required when remsitiving) | DATE |
| | E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.90 | Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | | , |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEVAN, TERRIS 8250 COLLEGE PKWY #201 FORT MYERS, FL 33919 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | U00000859714 04/02/08-80034-004 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ⁻ | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | منتشر ما <i>لغا</i> ل به الدون ب | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | |

12. I hereby certify that the information supplied with this filling 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. First all other like empowered.

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08

279.482-4580

Daytime Phone #