2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 03, 2004 8:00 am Secretary of State DOCUMENT # P97000069007 05-03-2004 91066 043 ***150 00 SERENGETI SERVICES, INC. Principal Place of Business Mailing Address 105 WINDY CIRCLE 105 WINDY CIRCLE BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04272004 Chg-P Applied For City & State City & State 4. FEI Number 59-3449552 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required __ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KING, ALISON M Street Address (P.O. Box Number is Not Acceptable) 105 WINDY CIRCLE BRANDON, FL 33511 City Zip Code 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. 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; 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. PSTD Delete ☐ Change Addition TITLE TITLE KING, ALISON M NAME NAME P.O. BOX 0781 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO, FL 33595 Delete Change Addition THILE TITLE KING, ALEXANDER JR NAME NAME STREET ADDRESS 401 RONCELE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON, FL 33511 Change Addition TITLE ☐ Dolete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED