2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000072198 DIVISION OF CORPORATIONS 1. Entity Name CED CAPITAL HOLDINGS VIII. INC. 05 MAR 22 AM 9: 49 Principal Place of Business Mailing Address 1551 SANDSPUR ROAD P.O. BOX 4961 MAITLAND, FL 32751 ORLANDO, FL 32802-4961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 01042005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3493151 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** 390 N. ORANGE AVE., STE. 1100 Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 City Zip Code FL 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 11. DPST TITLE ☐ Delete TITLE Change Addition GINSBURG, ALAN H NAME NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADORESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP IM F ☐ Delete ☐ Change ■ Addition BROCK, JAY P NAME NAME STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Addition ☐ Change DOODY TRICIA NAME NAME 700049349677 03/29/05--01036--008 **19 STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP **150.00 VΡ TITL F □ Delete TITLE ☐ Addition SCIARRINO, MICHAEL J NAME NAME STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP CFO TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME MISSIGMAN, 1551 SANDSPUR ROAD STREET ADDRESS STREET ADORESS CITY-S1-ZIP CITY-ST-ZIP MAITLAND, TITLE Delete ☐ Change TITLE Addition NAME NAME KLEIMAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3275 MAITLAND, 77 12. I hereby certify that the information supplied with this filling sloes 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 accordance 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 by execute the population of the receiver or trustee empowered by execute the population of the receiver or trustee empowered by execute the population of the receiver or trustee empowered by execute the population of the receiver or trustee empowered by the population of the receiver or trustee empowered by the population of the receiver or trustee empowered by the population of the receiver or trustee empowered by the population of the receiver or trustee empowered by the population of the receiver or trustee empower or trustee empowers and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers or trustee empowers or trustee empowers or trustee empowers and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers or trustee empo SIGNATURE:

FILED SECRETARY OF STATE