2007-FOR PROFIT-CORPORATION-

FILED ANNUAL REPORT (AR) Mar 20, 2007 8:00 am DOCUMENT # P97000076306 **Secretary of State** 03-20-2007 90017 014 ***150.00 33RD STREET BAIL BONDS, INC. Principal Place of Business Mailing Address 2480 33RD ST. ORLANDO FL 32839 2480 33RD ST. ORLANDO FL 32839 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3488438 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo VONWALDNER, JOSEPH K Street Address (P.O. Box Number is Not Acceptable) 2480 33RD ST. ORLANDO FL 32839 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 (NOTE Registered Agont signature required when reinstating) DATI FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change Defete пи VONWALDNER, JOSEPH K NAM! NAMI 2480 33RD ST. STREET ADDRESS STREET ADDRESS ORLANDO FL 32839 CITY ST /IP CHY SLZIP Juseph K. Vun Waldner Richarge Ac 2480 33rd orlando, Al. 32839 TITLE Ш **Z** Delete VONWALDNER, JOSEPH A NAMI 2480 33RD ST. STREET ADDRESS STREET ADDRESS ORLANDO FL 32839 CHY-SI-7P CHY-SI-ZIP THILI Delete 11111 VONWALDNER, LYNN NAME NAMI STREET ADORESS 2480 33RD ST. STREET ADDRESS ORLANDO FL 32839 CHY ST ZIE CHY ST ZIP Щ Delete □ Change X Addition NAME NAMI c. Taylor STREET ADDRESS STREET LADORESS CITY ST AP CHY ST ZIP TITLE Delete 11113 □ Change ■ Addition NAMI. NAMI STREET ADDRESS SIRIT LADDRESS CDY+S1-7IP CHY-ST-ZIP HIME Delete шп Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.

STREET ADDRESS

CITY-ST-ZIP

NAMI

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR