2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State **DOCUMENT # S21202** 1. Entity Name 05-05-2008 90240 028 ***150.00 AFRSPLUS, INC. Principal Place of Business Mailing Address 3311 29TH AVE SW 3311 29TH AVE SW NAPLES, FL 34117 NAPLES, FL 34117 US 03242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0234575 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILDMAN, KEVIN L. DO NOT WRITE 3311 29TH AVE SW NAPLES FL 34117 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. 15 APK 2008 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) . e. Election Campaign Financing இது சி. \$5.00 May Be FILE NOW!!! FEE IS \$150.00 100 7,10000 After May 1, 2008 Fee will be \$550.00 d CoTrust Fund Contribution. □ □ Added to Fees OFFICERS AND DIRECTORS 10. TITLE" WILDMAN, KEVIN L. NAME STREET ADDRESS 3311 29TH AVE, SW CITY-ST-ZIP NAPLES, FL 34117 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

KEVIN

WILDMAN

PRES

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR