


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90021 039 ***158.75

DOCUMENT # S76852 1. Entity Name POLARIS ASSOCIATES, INC.	
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Principal Place of Business 18850 US HWY 19 N SUITE 500 CLEARWATER, FL 33764 US	Mailing Address 18850 US HWY 19 N SUITE 500 CLEARWATER, FL 33764 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01092008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3085869	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIEHL, JOHN O. 386 SHEFFIELD CIRCLE W PALM HARBOR, FL 34683	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete NAME DIEHL, JOHN O STREET ADDRESS 386 SHEFFIELD CIR W CITY-ST-ZIP PALM HARBOR, FL 34683	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DST	<input type="checkbox"/> Delete NAME FERRANS, DANIEL D STREET ADDRESS 1515 MICHIGAN AVE CITY-ST-ZIP PALM HARBOR, FL 34683	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V	<input type="checkbox"/> Delete NAME RIZZUTO, DAN H STREET ADDRESS 5 HAMMOCK PL CITY-ST-ZIP SAFETY HARBOR, FL 34695	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V	<input type="checkbox"/> Delete NAME WEIGLE, JOHN D STREET ADDRESS 3343 PATTIE PL CITY-ST-ZIP PALM HARBOR, FL 34685	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V	<input type="checkbox"/> Delete NAME SCOTT, ACKER STREET ADDRESS 19 CITRUS DR CITY-ST-ZIP PALM HARBOR, FL 34685	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *D Ferrans* **DANIEL D. FERRANS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-10-08 Daytime Phone #: 727-524-6500