2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 02, 2008 08:00 AN **Secretary of State DOCUMENT # P03000027972** ASHTON PLACE CORP. Mailing Address Principal Place of Business 4151 ASHTON ROAD 4151 ASHTON ROAD SARASOTA, FL 34233 SARASOTA, FL 34233 CR2E034 (11/05) 02212008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4242432 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAVARY, JOHNSON S DO NOT WRITE 22 S LINKS AE STE 300 SARASOTA, FL 34236 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. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when renstating) 9. Election Campaign Financing \$5.00 May Be THE FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. 3 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000878502 04/14/08-80057-005 158.75 TITLE FINERTY, PAUL NAME 4937 OXFORD DR STREET ADDRESS SARASOTA, FL 34242 CITY-ST-ZIP TITLE DIAL, LUCIA NAME 4937 OXFORD DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34242 DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS

12. It nereby certify that the information supplied with this tiling 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:

STREET ADDRESS | W.

CHY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #