2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 11, 2008 8:00 am Secretary of State DOCUMENT # N00000008228 1. Entity Name 04-11-2008 90044 041 ****61.25 STRINGS N' STRUTTERS, INC. Principal Place of Business Mailing Address 6145 2ND AVE. NEW PORT RICHEY FL 34653-5107 6145 2ND AVE. NEW PORT RICHEY FL 34653-5107 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Act, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3914038 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 O'LESKE, CHARLES R Street Address (P.O. Box Number is Not Acceptable) **4007 CONTAVO CT** SPRING HILL FL 34607 Zip Code 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 Ka (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE Delete TITI F Change O'LESKE, CHET NAME NAME STREET ADDRESS P O BOX 1312 STREET ADDRESS ELFERS FL 34680 CITY-ST-ZIP CITY-ST-ZIP SD Delate TITLE TITLE Addition MILLER, HARRIETT NAME NAME LIND JAMMER 1430 MARINER BLVD. STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-ZIP TD TITLE Delete TITLE Addition HERTZOG, DELORES NAME NAME 6145 2 AVE STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HERTZOG, RICHARD F NAME NAME 6145 2ND AVE. STREET ADDRESS STREET ADDRESS CMY-ST-ZIP NEW PORT RICHEY FL 34653-5107 CITY-ST-ZIP ☐ Delete ☐ Change Addition HAMILTON, EDITH 6611 LAMPREY LANE STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 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 617, 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.