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

FILED Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # N0000007476 1. Entity Name S.O.O.D.A., INC. Principal Place of Business Mailing Address 160 BAHIA VIA FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-1057971 Not Applicable Zip Country 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 DEVINCENT, PAT Street Address (F.Ö. Box Number is Not Acceptable) 160 BAHIA VIA FT. MYERS BEACH FL 33931 City 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 if applicable. CATE (NOTE: Registered Agent signature (ed. used when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State an an digitalika ayta a 1979 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITI F Change Change Addition DEVINCENT, PAT NAME NAME 160 BAHIA VIA STREET ADDRESS STREET ADDRESS FORT MYERS BEACH FL 33931 CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete U00000920437 □ Change DEVINCENT, MARY NAME NAME 05/14/08-80044-007 61.25 160 BAHIA VIA STREET ADDRESS STREET ADDRESS FORT MYERS BEACH FL 33931 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILLE ☐ Change neithbh [JENKINS, DAVE NAME NAME 1131 22ND AVENUE N. STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-7IP CITY-ST-ZIP T:TLE ☐ Delete HILE Change Control [1] TAYLOR, PENNY NAME NA Æ STREET ADDRESS 995 13TH STREET N. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZiP THILE ☐ Delete TITLE Change Addition NAME STREET AUDRESS STREET ADDPESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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. PAT DE VINCE UT

SIGNATURE:

Pat Del meent

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