2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 05, 2008 8:00 am Secretary of State 05-05-2008 90266 028 ***150.00

NAME FARR, MATTHEW SIREEI ADDRESS CITY-ST-ZIP RUMSON, NJ 07760 TITLE VPT Delete NAME KAPLAN, DOUGLAS L SIREET ADDRESS 300 E. 75TH STREET-APT. 34H NEW YORK, NY 10021 NAME FARR, MATTHEW STREET ADDRESS CITY-ST-ZIP NAME KAPLAN, DOUGLAS L STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10021 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	d For plicable
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2. Principal Place of Business - No P.O. Box # 1/1 BRUCE PLACE Suite, Apt. #, etc. S	d For plicable
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6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DREIBEBIS, ROBERT 4878 HW 114 CT DORAL, FL 33178 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Date FILE NowIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Frust Fund Contribution. 35.00 May Be Added to Fees Title PS FARR, MATTHEW FARR, MATTHEW FARR, MATTHEW SIREET ADDRESS CITY-SI-ZIP RUMSON, NJ 07760 TITLE VPT Delete TITLE VPT Delete TITLE VPT Delete TITLE VPT Delete TITLE NAME KAPLAN, DOUGLAS L SIREET ADDRESS STREET ADDRESS	al
S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name OREIBEBIS, ROBERT 4878 HW 114 CT DORAL, FL 33178 City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 a the obligations of registered agent agent and title disposance in the obligations of registered agent agent and title disposance in the obligations of registered agent agent and title disposance in the obligations of registered agent agent and title disposance in the obligations of registered agent a	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Sonature Type or printed name of registered agent and take if applicable. PROTE Registered Agent signature reducted anen renstating) DATE	
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12. I hereby certify that the information supplied both this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informal indicated on this report or supplemental affort is true and occurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direct the corporation or the receiver or truefee empowered to execute this report per oquired by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.	Addition Addition