2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 11, 2008 8:00 am Secretary of State **DOCUMENT # 183227** 01-11-2008 90058 024 ***150.00 COBRENE GROVES INC Principal Place of Business Mailing Address 40007200 125 ARROWHEAD LANE 125 ARROWHEAD LANE HAINES CITY, FL 33844 HAINES CITY, FL 33844 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-6061524 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, ROBERT E JR. Street Address (P.O. Box Number is Not Acceptable) 1950 ROCKY POINTRODRIVE LAKELAND, FL 33813 City Zip Code 6. 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 side if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD Delete TITLE ☐ Change ☐ Addition TITLE TAYLOR, COBBIE D NAME NAME STREET ADDRESS STREET ADDRESS 125 ARROWHEAD LANE HAINES CITY, FL 33844 CITY-ST-ZIP CITY-S1-21P VPSD TITLE ☐ Delete TITLE Change ☐ Addition TAYLOR, ROBERT E JR NAME NAME STREET ADDRESS 1950 ROCKY POINTE DR. STREET ADDRESS City-ST-7IP LAKELAND, FL 33813 CITY-ST-7IP ☐ Change Delete TITLE ☐ Addition TITLE HAZEL, KIRK T NAME 1504 BRANDYWINE BLVD 1604 BRANDYWINE BLVD STREET ADDRESS STREET ADDRESS WILMINGTON, DE 19809 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ☐ Delete Chance ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADORESS 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 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: CORBIE D. TAYLOR, PRES.