2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 23, 2007 8:00 am Secretary of State **DOCUMENT #252190** 04-23-2007 90073 050 ***150.00 1. Entity Name CAPITAL FORMATION COUNSELORS, INC. Principal Place of Business Mailing Address 2934 WEST BAY DRIVE 2934 WEST BAY DRIVE P.O. BOX 1168 P.O. BOX 1168 **BELLEAIR BLUFFS, FL 33770** BELLEAIR BLUFFS, FL 33779 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 01242007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1050136 Not Applicable Zip Country Country Zip \$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 Name ROBERTS, OWEN J Street Address (P.O. Box Number is Not Acceptable) 2934 W. BAY DRIVE, P.O. BOX 1168 BELLEAIR BLUFFS, FL 33770 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE Synature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agnishine required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE ☐ Addition ROBERTS, OWEN J. NAME NAME 2934 W. BAY DRIVE STREET ADDRESS STREET ADDRESS BELLEAIR BLUFFS, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition MC CLINTOCK, JOSEPHINE NAME NAME STREET ADDRESS 2934 W. BAY DRIVE STREET ADORESS CITY-ST-7IP BELLEAIR BLUFFS, FL CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Celete ALE TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 727-581-8702 SIGNATURE: 4-2-07

FILED