2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# 254407

Entity Name: CRAVEN, THOMPSON & ASSOCIATES, INC.

Current Principal Place of Business:

3563 NW 53RD STREET
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3563 NW 53RD STREET
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 59-0948029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCDONALD, THOMAS M PRES
3563 NW 53RD ST
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: MCDONALD, THOMAS
Address: 7630 MARBLEHEAD LANE
City-St-Zip: PARKLAND, FL 33067

Title: VS ( ) Delete
Name: COLE, ROBERT
Address: 1629 SE 2ND COURT
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: V ( ) Delete
Name: HANDLEY, JOSEPH D
Address: 1734 N.E. 20TH AVE. UNIT#3
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: V ( ) Delete
Name: PRYCE, RICHARD
Address: 13901 SW 26TH STREET
City-St-Zip: DAVIE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M MCDONALD DPT 01/16/2009
Electronic Signature of Signing Officer or Director — Date