2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2008 08:00 AM **DOCUMENT #324922 Secretary of State** 1. Entity Name LEGUS CORPORATION Principal Place of Business Mailing Address **4221 BRISTLE CONE WAY** 4221 BRISTLE CONE WAY PORT ORANGE, FL 32129 PORT ORANGE, FL 32129 US No Chg-P CR2E034 (11/05) 01112008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1199926 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLD, DAVID J DO NOT WRITE 4221 BRISTLE CONE WAY PORT ORANGE, FL 32129 IN THIS SPACE 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: typed or printed name of registered agent and title if applicable (NOTE: Reciplered Agent signature required when reinstating) U00000789543 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 01/22/08-80030-012 15d.**0**0 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE GOLD, DAVID NAME STREET ADDRESS 4221 BRISTLE CONE WAY CITY-ST-ZIP PORT ORANGE, FL 32129 ŦD TITLE NAME GOLD, MICHAEL STREET ADDRESS 4907 LESTER ROAD CITY-ST-ZIP TALLAHASSEE, FL 32317 NAME GOLD, SIGRID STREET ADDRESS 4221 BRISTLE CONE WAY DO NOT WRITE C/TY-ST-ZIP PORT ORANGE, FL 32129 TITLE IN THIS SPACE STREET ADDRESS CITY - ST - ZIP

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 118, 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 it made under eath; 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP