FILED 2008 FOR PROFIT CORPORATION **ANNUAL REPORT** May 01, 2008 08:00 AN Secretary of State DOCUMENT # 431888 FLORDECO, INC. Principal Place of Business Mailing Address 8359 BEACON BLVD 8359 BEACON BLVD FORT MYERS, FL 33907 SUITE 201 FORT MYERS, FL 33907 No Chg-P 04182008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1480791 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRONIN, T.R. DO NOT WRITE 8359 BEACON BLVD FORT MYERS, FL 33907 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 (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE i8 \$150.00 After May 1, 2008 Fee will be \$550.00 U00000938290 Trust Fund Contribution. Added to Fees 05/27/08-80084-008 158.75 OFFICERS AND DIRECTORS 10. CD TITLE NAME CRONIN, TR STREET ADDRESS 8359 BEACON BLVD

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VD LABODA, G.

TITLE

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FORT MYERS, FL 33907

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8359 BEACON BLVD

DO NOT WRITE IN THIS SPACE

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: & Shormer Leven THOMAS R. CRONIN | se. 4/2 | \$08 Z31- | 936-4888 |
|--------------------------------------------------------------------|---------|-----------|---------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 1 | Date Day | /time Phone # |