2007 FOR PROFIT CORPORATION

, ANNUAL REPORT (AR) FILED Jan 22, 2007 08:00 AM DOCUMENT # 517214 Secretary of State HARRIS ACCOUNTING & TAX SERVICE, INCORPORATED Principal Place of Business Mailing Address 2419 BISPHAM ROAD SARASOTA FL 34231 2419 BISPHAM ROAD SARASOTA FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, ctc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-1694719 Not Applicable Ζıp Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, RICHARD L. 2419 BISPHAM ROAD Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice 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 title - applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THLE ☐ Defete HH Change Addition HARRIS, RICHARD L. NAM NAME U00000594814 2419 BISPHAM ROAD STREET ADDRESS STREET ADDRESS 01/23/07-80014-013 150.00 SARASOTA FL CITY - ST - 7IP CITY ST-71P □ Change THU ☐ Delete Addition DILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIE ☐ Delete THE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-S1-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete HILL ☐ Change NAME. NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-ST-ZIP Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 offect as if 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 Statutos; 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.

STREET ADDRESS

CITY-ST-ZIP

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NAMI: STREET ADDRESS

CITY-ST-7IP