2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# 545397

Entity Name: OVIEDO PUBLISHING COMPANY, INC.

Current Principal Place of Business:

935 NORTHERN DANCER WAY
205
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

935 NORTHERN DANCER WAY
205
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-1793025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FULLINGTON, EDWARD L.
935 NORTHERN DANCER WAY, #205
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

FULLINGTON, EDWARD L.
935 NORTHERN DANCER WAY,
#205
CASSELBERRY, FL 32707 US

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: _____ 01/10/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S/D ( ) Delete
Name: RISHER, THOMAS,
Address: 222 CIMARRON BLVD
City-St-Zip: LADY LAKE, FL 32159

Title: CH/D ( ) Delete
Name: NOLES, JAMES,
Address: PO BOX 365 ((N//A))
City-St-Zip: GENEVA, FL 32732

Title: P/D ( ) Delete
Name: FULLINGTON, EDWARD,
Address: 935 NORTHERN DANCER WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: VAN ASSCHE, FRED,
Address: 555 EAST LAKE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P/D (X) Change ( ) Addition
Name: FULLINGTON, EDWARD,
Address: 935 NORTHERN DANCER WAY #205
City-St-Zip: CASSELBERRY, FL 32707

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: EDWARD L FULLINGTON PRES 01/10/2009
Electronic Signature of Signing Officer or Director — Date