2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2008 8:00 am Secretary of State

| DOCUI 1. Entity Nam RANON 8 | ne | # 585386 ERS, INC. | • | | | | 04-02-2008 9 | 90031 00 | 1 ***158 | 3.75 |
|---|---------------------------------------|------------------------------------|-------------------------------|-------------|-------------------------|---|----------------------------|-----------|----------------------------|---------------------------|
| Principal Plac | | | Mailing Address | | |] | | | | |
| 515 WEST BA | AY ST. | | 515 WEST BAY ST. Suite 200 | | | | | | | |
| TAMPA, FL 3 | 33606 US | 5 | TAMPA, FL 33606 US | | | | MINT MERNE IIINE FRIIN MER | | I Stall Stall Stal | 1881 II 1881 |
| 2. Principal P | tace of Busin | ess - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 01032008 | Chg-P | CR2E0 | 34 (12/06) | |
| City & State | | | City & State | | | 4. FEI Number 59-1849 | | | <u> </u> | plied For t Applicable |
| Zip | Country | | Zip | Coun | itry | 5. Certificate o | f Status Desired | × | \$8.75 Add Fee Required | itional |
| | 6. Name | and Address of Current | Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| SUITE 200 | | | | | | | | | | |
| | | | | | | dress (P.O. Box Number is Not Acceptable) | | | | |
| TAMPA, FL 33606 | | | | | | | | | | |
| | | | City | FL Zip Code | | | | | | |
| 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 | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | | |
| 10. | Lo | OFFICERS AND | | 11. | | ADDITIONS/C | HANGES TO OFF | ICERS AND | | |
| TITLE NAME | D RANON, J | IOHN F. | ☐ Delete | TITU NAM | | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS City-St-Zip | | | | STRE | EET ADDRESS STZIP | | | | | |
| TITLE | DST | | ☐ Delete | TITL | E | | | | ☐ Change | Addition |
| NAME | 1 | RODNEY T | | NAM | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | TAMPA, F | FBAY ST. SUITE 200 L 33606 | | | EET ADDRESS '-ST-ZIP | | | | | |
| TITLE | D | | ☐ Delete | TITL | E | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | , | ON, BRUCE S. FBAY ST. SUITE 200 | . – | NAM | EET ADDRESS | | • | | | - |
| CITY-ST-ZIP | TAMPA, F | | | | -ST-ZIP | | | | | |
| TITLE | DM | DN 44011451 | ☐ Delete | TITL | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | ON, MICHAEL I BAY ST. SUITE 200 | | NAM STRE | EET ADDRESS | | | | | |
| CITY-ST-ZIP | TAMPA, F | | | | -SI-ZIP | | | | | |
| TITLE | D | IC CHADON | ☐ Delete | TITU | 1 | | | | ☐ Change | Addition |
| MANGIONE, SHARON STREET ADDRESS 515 WEST BAY ST. SUITE 200 | | | | NAM STRE | EET ADDRESS | | | | | |
| CITY-ST-ZIP | TAMPA, F | L 33606 | | CITY | -ST-ZIP | | | | | |
| TITLE | D | ED RADRADA | ☐ Delete | TITU | | | | _ | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | | | NAM STRE | EET ADDRESS | | | | | İ |
| CITY-SI-ZIP TAMPA, FL 33606 | | | | CITY | '-ST-ZIP | | | | | |
| 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 | | | | | | | | | | |

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Honda 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 reception at rustice 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.28.08

813-253-346S