908 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #619987



FILED Apr 28, 2008 8:00 am Secretary of State

| FRESHPOINT OF PALM BEACH, INC. | | | | | 04-28-2008 9034 | ł7 029 ***150.0 | 00 |
|--|--|---------------------|--|--|------------------------------------|-----------------|------------------------|
| Principal Place of Business 1210 WEST 21ST STREET RIVIERA BEACH, FL 33404 Mailing Address 1390 ENCLAVE PKWY HOUSTON, TX 77077-209 | | 099 US | | | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | - i | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03272008 Chg-P CR | R2E034 (12/06) | |
| City & State | | City & State | | | 4. FEI Number 59-1911485 | | lied For Applicable |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desired | Fee Required | ional |
| 6. Name and Address of Current Registered Agent | | | Name | | 7. Name and Address of New Registe | red Agent | |
| CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITA A ASSET EL 20201 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| TALLAHASSEE, FL 32301 | | | 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 Signature, typed or proved name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| 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. | | | | | | | |
| 10. | OFFICERS AND | | 11. | | ADDITIONS/CHANGES TO OFFICERS | | |
| NAME STREET ADDRESS CITY-ST-ZIP | DVP STURGEON, BRIAN M 1390 ENCLAVE PKWY HOUSTON, TX 77077 | State of Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 13 | PLEASE SEE ATTACHED | | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DEECK, SCOTT 475 NE 185TH ST N MIAMI, FL 33179 | ⊠ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DRUMMOND, KIRK G 1390 ENCLAVE PKWY HOUSTON, TX 77077 | ☐ Delete : | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS BROOKS, CONNIE S 1390 ENCLAVE PARKWAY HOUSTON, TX 77077 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ٠. | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VASD NICHOLS, MICHAEL C 1390 ENCLAVE PKWY HOUSTON, TX 77077 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| THLE NAME STREET ADDRESS CITY-ST-ZIP | D ACCARDI, LAWRENCE J. 1390 ENCLAVE PARKWAY HOUSTON, TX 77077 | D elete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |

12. It 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.

LE COUNTE S. BROOKS, ASSISTANT SECRETARY 281-584-1390 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FreshPoint of Palm Beach, Inc.

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