


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90170 042 \*\*\*150.00

<b>DOCUMENT # F02000003740</b>	
1. Entity Name <b>CAPITOL FIRST CORPORATION</b>	

Principal Place of Business <b>1801 CLINT MOORE RD. #217 BOCA RATON, FL 33487</b>	Mailing Address <b>1801 CLINT MOORE RD. #217 BOCA RATON, FL 33487</b>
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2. Principal Place of Business - No P.O. Box # <b>5301 N. Federal Hwy Suite, Apt. #, etc. # 380 City &amp; State Boca Raton FL Zip 33487</b>	3. Mailing Address <b>5301 N. Federal Hwy Suite, Apt. #, etc. # 380 City &amp; State Boca Raton FL Zip 33487</b>
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02272008 Chg-P CR2E034 (12/06)

4. FEI Number <b>88-0361144</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>BLOOM, ASHLEY 1801 CLINT MOORE RD. #217 BOCA RATON, FL 33487</b>	7. Name and Address of New Registered Agent Name <b>Bloom, Howard</b> Street Address (P.O. Box Number is Not Acceptable) <b>5301 N. Federal Hwy # 380 City Boca Raton FL Zip Code 33487</b>
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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 N. Bloom DATE 3/25/08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOOM, ASHLEY 1801 CLINT MOORE RD. #217 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ashley Bloom 5301 N. Federal Hwy # 380 Boca Raton FL- 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, DIANE 1801 CLINT MOORE RD. #217 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diane Bloom 5301 N. Federal Hwy # 380 Boca Raton FL- 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, HOWARD 1801 CLINT MOORE RD. #217 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bloom, Howard 5301 N. Federal Hwy # 380 Boca Raton FL- 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: N. Bloom DATE 3/25/08 (561) 674-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR