2008 FOR PROFIT CORPORATION

Jul 28, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # F03000001314 06-30-2008 90022 023 ***150.00 SEREFEX CORPORATION Principal Place of Business Mailing Address 4328 CORPORATE SQUARE 4328 CORPORATE SQUARE STE C NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 30700 Solon Industrial Pku Suite, Apt. #, etc. Suite, Apt. #, etc. 07182008 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For City & State Solon, OH 59-2412164 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUNN, BRIAN Street Address (P.O. Box Number is Not Acceptable) **4328 CORPORATE SQUARE** STE C NAPLES, FL 34104 <u> 20100 Saraceno Drive</u> 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. SIGNATURE Signature, typed of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE MONAHAN, TERRY NAME NAME STREET ADDRESS 2437 LOST TREE WAY STREET ADDRESS CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME DUNN, BRIAN S NAME 20100 SARACENO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P ESTERO, FL 33928 ☐ Delete Change Addition Bartlett, Toold 115 Brandywine 14236 TITLE TITLE BARTLETT, TODD NAME NAME 30397 CLUB HOUSE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FARMINGTON HILLS, MI 48334 CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE

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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 effective empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP