## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** May 02, 2008 08:00 AN Secretary of State DOCUMENT # F04000000790 1. Entity Name INTERNETORM.-INC. Principal Place of Business Mailing Address 4001 NORTH COLEMAN ROAD 4001 NORTH COLEMAN ROAD VALDOSTA, GA 31602 VALDOSTA, GA 31602 No Chg-P CR2E034 (11/05) 04232008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0077902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RANKIN, MARK DO NOT WRITE 4588 E HWY 20, SUITE E NICEVILLE, FL 32578 IN THIS SPACE 的复数人名英格兰 化多氯化物 医电子 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000942365 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE **CPVS** HATHCOCK, JUDITH NAME STREET ADDRESS 4001 NORTH COLEMAN ROAD CITY-ST-ZIP VALDOSTA, GA 31602 TITLE NAME HATHCOCK, JUDITH STREET ADDRESS 4001 NORTH COLEMAN ROAD CITY-ST-ZIP VALDOSTA, GA 31602 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 229 2420237
Case Daytime Phone #