2008 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business	DOCUMENT #F0700005384 1. Entity Name PRESENCE EAST, INC.					2008 SEP 30 AM 8: 51				
Suite Apt. 4, etc. Z Executive Court See 1 12 Executive Ct	921 N PLUM	f Grove Road	921 N PLUM GROVE ROAD			SECRETARY OF STATE TALLAHASSEE. FLORIDA				
Chy Site 1 7 Secential Cf 5 2 4 5 5 5 5 5 5 5 5 5	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Soft Goto County 29 GOTO County 6 0010 USA 6 Nems and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Certificate of Status Desired Agent Status S	12 Exec	where Court, Ste 1	12 Executive Ct, Ste I		1			<u> </u>		
That is not address of current registered agent. That is That	South	BArrington, IL	South BARRINGTON, IL							
That is not address of current registered agent. That is That	Zig Country									
REINSTEIN, STEVE 13936 A CVERUS GROVE CIRCLE DAVIE, FL 33325 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIII FEE IS \$150.00 Due by September 12, 2008 9. Election Company Financing Added to Florida. Show the print notice. THE OP STREAM PROPERTY OF THE PROPERTY AND DESCRIPTION OF TRAIN Fund Contribution. THE OP STREAM PROPERTY OF THE PROPERTY AND DESCRIPTION OF THE PROPERTY AND DESC		6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	13954 N C	YPRUS GROVE CIRCLE								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. File Now File State				City				Zip Cod	le	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution.	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									
Pile Now Fee Is \$150.00 P. Election Campaign Financing \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										
Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE WELLAND, WILLIAM T SIREF ADDRESS 17 ST. 27 P SCHAUMBURG, IL 60173 Delete TITLE DV ZIMMERMAN, MILTON SIREF ADDRESS 17 ST. 27 P STOKE, IL 60076 TITLE DST TZUMAS, CHRISTINE TITLE TZUMAS, CHRISTINE TZUMAS, CHRISTI										
TITLE WEILAND, WILLIAM T WEILAND, WILLIAM T WEILAND, WILLIAM T WEILAND, WILLIAM T STREET ADDRESS CITY-ST-ZIP SCHAUMBURG, IL 60173 TITLE DV SCHAUMBURG, IL 60173 TITLE DV STREET ADDRESS CITY-ST-ZIP TITLE DST ALGONQUIN, IL 60102 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-	T T T T T T T T T T T T T T T T T T T							F.S., the notice.		
WELAND, WILLIAM T SIRET ADDRESS 921 N PLUM GROVE ROAD SIRET ADDRESS 921 N PLUM GROVE ROAD SIRET ADDRESS SCHAUMBURG, IL 60173 SITEST ADDRESS SCHAUMBURG, IL 60173 SITEST ADDRESS SCHAUMBURG, IL 60173 SITEST ADDRESS STRET ADDRESS STOKIE, IL 60076 SITEST ADDRESS STRET ADDRESS STRET ADDRESS STRET ADDRESS SITEST ADDRESS					PAC	ADDITIONS	/CHANGES TO OFFICE			
SCHAUMBURG, IL 60173 CITY-ST-ZIP DV DV Delete TITLE DV ZIMMERMAN, MILTON STREET ADDRESS CITY-ST-ZIP AUGONOUIN, IL 60102 TITLE DST TZUMAS, CHRISTINE STREET ADDRESS CITY-ST-ZIP ALGONOUIN, IL 60102 TITLE DELETE DELET TITLE DELET TITLE SREET ADDRESS CITY-ST-ZIP ALGONOUIN, IL 60102 TITLE DELET DELET TITLE DELET TITLE DELET DELET TITLE DELET DELET TITLE DELET DELET TITLE DELET TITLE DELET TITLE DELET DELET TITLE DELET TITLE DELET DELET TITLE	I	- Delete			WEILAND, WILLIAM					
TITLE DV Delete DITTLE NAME ZIMMERMAN, MILTON STREET ADDRESS CITY-ST-ZIP ZORDES ZORD		5/12			S 12 Executive Court, Suite 1 South BACCING by 16 60010					
STREET ADDRESS CITY-ST-ZIP STOKIE, IL 60076 TILLE DST TZUMAS, CHRISTINE SIREIT ADDRESS CITY-ST-ZIP ALGONQUIN, IL 60102 STREET ADDRESS CITY-ST-ZIP TITLE NAME STRE	1	I = -	☐ Delete						☐ Addition	
NAME SIREET ADDRESS CITY-ST-ZIP ALGONQUIN, IL 60102 TITLE NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-Z	STREET ADDRESS	4036 W EMERSON STRE			3	000136159270 09/19/0801044013 **j50.00				
STREET ADDRESS CITY-ST-ZIP ALGONQUIN, IL 60102 STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET AD	1	L .	☐ Delete		Sec	velary		▼ Change	Addition	
TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY- ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY- ST-ZIP TO Delete NAME STREET ADDRESS CITY- ST-ZIP TO Change Addition A	STREET ADDRESS	•			208	IL W S	ummit Blive	<u> </u>	!	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO belete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO belete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO charge Addition NAME STREET ADDRESS CITY-ST-ZIP TO charge STREET ADDRESS CITY-ST-ZIP TO charge Addition NAME STREET ADDRESS CITY-ST-ZIP TO charge STREET ADDRESS CITY-ST-ZIP TO charge Addition NAME STREET ADDRESS CITY-ST-ZIP TO charge STREET ADDRESS CITY-ST-ZIP TO char	·	ALGONQUIN, IL 60102	D Dates		KIL	DEER,	14 6004		- Indeficion	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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, many in a like empowered.	NAME		La Delete	NAME				∟ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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, many like empowered.					i					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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, many like empowered.	l		☐ Delete		-			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 abdress, many like empowered.	STREET ADDRESS			STREET ADDRESS	3			1	00	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 true ee 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 abovess, many levels are required by Chapter 607.	 		☐ Dalata	-					Addition	
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 true see 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, miles and oness.	NAME		L Delete	NAME				~ ~ ~	<u> </u>	
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, interesting the changed.	l							1		
SIGNATURE: CHUSTINE TZLMAS 7/8/08 847-277-9500	of the cor	poration or the receiver or trustee empor	true and accurate and that n wered to execute this report	ny signature shal as required by C	contained have the s hapter 607	d in Chapter 119 same legal effec 7, Florida Statute	9, Florida Statutes. I funct as if made under oathes; and that my name ap	ther certify that the in that I am an officer opears in Block 10 or	nformation or director r Block 11 if	
	SIGNAT		C 4M	451WE T	zuna	S	7/0/08	<u> 847-277-9</u>	500	