2008 FOR PROFIT CORPORATION

May 08, 2008 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT #F14522** 05-08-2008 90015 012 ***150.00 FANNIE HILLMAN & ASSOCIATES, INC. Principal Place of Business Mailing Address 40099335 C/O 205 W FAIRBANKS AVE C/O 205 W FAIRBANKS AVE WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 59-2054538 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HILLMAN, M. SCOTT Street Address (P.O. Box Number is Not Acceptable) 205 W FAIRBANKS AVE WINTER PARK, FL 32789 Zip Code City 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Director Hillman, Fannie S. ☐ Addition TITLE ☐ Delete TITI F **Change** HILLMAN, FANNIE S NAME NAME 205 West Fair banks Ave STREET ADDRESS 205 W FAIRBANKS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL Winter Park FL 32789 ☐ Delete Change ■ Addition TITLE TITLE HILLMAN, M. SCOTT NAME NAME 205 W. FAIRBANKS AVE STREET ADDRESS STREET ADDRESS winter Park, FL 32789 CITY-ST-ZIP WINER PARK, FL City-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAIRS, MARJORIE M NAME NAME 205 WEST FAIRBAKNS AVE STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-22-08

☐ Change

☐ Addition

FILED