2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

May 08, 2008 8:00 am Secretary of State DOCUMENT #F42201 1. Entity Name 05-08-2008 90023 049 ***150.00 PHILLIP T. CRENSHAW, P.A. Principal Place of Business Mailing Address 1555 PALM BEACH LAKES BLVD 1555 PALM BEACH LAKES BLVD SUITE 920 SUITE 920 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1109 South Congress Ave. 1109 South Congress Ave. Suite, Apt. #, etc. Suite Apt. #. etc. 04092008 CR2E034 (12/06) Cha-P Suite D Suite D City & State 4. FEI Number Applied For City & State West Palm Beach, FL West Palm Beach, FL 59-2121523 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33406 USA 33406 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRENSHAW, PHILLIP T Street Address (P.O. Box Number is Not Acceptable) 1555 PALM LAKES BLVD 1109 South Congress Ave. **SUITE 920** WEST PALM BEACH, FL 33401 Suite D Zip Code West Palm Beach 33406 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE Change Addition NAME CRENSHAW, PHILLIP T NAME 1109 South Congress Ave., Suite D 1555 PALM BEACH LAKES BLVD. STE 920 STREET ADDRESS STREET ADDRESS West Palm Beach, Florida 33406 WEST PALM BEACH, FL 33401 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Daytime Phone #