2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# F42324

Entity Name: NOBLES, DECKER, LENKER & CARDOSO, C.P.A'S, P.A.

Current Principal Place of Business:

102 W WHITING ST
201
TAMPA, FL 33602

New Principal Place of Business:

600 N WILLOW AVE
300
TAMPA, FL 33606

Current Mailing Address:

102 W WHITING ST
201
TAMPA, FL 33602

New Mailing Address:

600 N WILLOW AVE
300
TAMPA, FL 33603

FEI Number: 59-2134358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOBLES, EDGAR D
2315 S OCCIDENT STREET
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: DECKER,,JAMES R.
Address: 15127 CONTOY PLACE
City-St-Zip: TAMPA, FL 0,

Title: SD ( ) Delete
Name: LENKER, MARK N., JR.
Address: 410 PINEHURST
City-St-Zip: TEMPLE TERRACE, FL

Title: PD ( ) Delete
Name: NOBLES, EDGAR D
Address: 2315 S OCCIDENT STREET
City-St-Zip: TAMPA, FL 00000,

Title: VD ( ) Delete
Name: CARDOSO, OSCAR M.
Address: 7235 RIVER FOREST LANE
City-St-Zip: TEMPLE TERRACE, F

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDGAR D NOBLES PD 03/17/2009

Electronic Signature of Signing Officer or Director — Date