2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2008 8:00 am **Secretary of State** DOCUMENT #F91690 02-21-2008 90026 005 ***150.00 HUGO H. DE BEAUBIEN, P.A. Principal Place of Business Mailing Address 332 NORTH MAGNOLIA AVE P 0 BOX 87 ORLANDO, FL 32801 US ORLANDO, FL 32801 US 02062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2206388 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DE BEAUBIEN, HUGO H. DO NOT WRITE 332 N MAGNOLIA AVE ORLANDO, FL 32801 IN THIS SPACE 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 10. OFFICERS AND DIRECTORS **PSTD** THILE DE BEAUBIEN, HUGO H NAME STREET ADDRESS 332 N MAGNOLIA AVE ORLANDO, FL 32801 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HITLE** * NAME STREET ADDRESS CITY-ST-ZIP

12. I nereby 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 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 indicated on this report or supple changed, or on an attachme

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-70P

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED