2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

DOCUMENT # F94000003542 04-07-2008 90027 017 ***150.00 1. Entity Name SELECT SITES OF ATTLEBOROUGH, INC. 46000 Principal Place of Business Mailing Address 3109 GRAND AVE 3109 GRAND AVE #326 #326 COCONUT GROVE, FL 33133 US COCONUT GROVE, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0282115 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LENARD, HOWARD Street Address (P.O. Box Number is Not Acceptable) 3109 GRAND AVE. #326 COCONUT GROVE, FL 33133 City Zip Code 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 Fiorida. 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 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Change ☐ Addition NAME LENARD, HOWARD B NAME STREET ADDRESS 3109 GRAND AVE #326 STREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 33133 CITY-ST-ZIP TDS TITLE ☐ Delete TITLE Change ... ☐ Addition DIXON, ROBERT NAME NAME 3109 GrAND AVE # 326 STREET ADDRESS 3109 GRANN AVE., 326 STREET ADDRESS EL 33133 COCONUUT GROVE, FL 33133 CITY-ST-ZIP CITY-ST-ZIP Grove TITLE ☐ Delute 3,777 ☐ 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-ZIP CITY-ST-ZIP Delete TITLE 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

12. I hereby certify that the information supplied with this filling does nonqualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report/s true and occurate 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 at other life empowered.

SIGNATURE:

/ Residen 4-2.08

305.859-9036

Daytime Pr