2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000002103

1. Entity Name

SURVEY NETWORK DATA PROCESSING INC.



Principal Place of Business

10601 N.W. 47TH CT. CORAL SPRINGS, FL 33076 Mailing Address

10601 N.W. 47TH CT. CORAL SPRINGS, FL 33076

FILED Apr 14, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 11-3010488 Not Applied See 15. Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNIS, PHILIP 10601 N.W. 47TH CT. CORAL SPRINGS, FL 33076

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the obligat	tions of registered agent.	, , ,				
SIGNATURE.	Signature, typed or printed name of registered agent and title it	f applicable (NOTE: Regis	ered Agent signature	required when reinstating)	, DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fit Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000894054	
10.	OFFICERS AND DIREC	TORS			04/24/08-80012-020 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	P BENNIS, PHILIP D 10601 N.W. 47TH CT. CORAL SPRINGS, FL 33076					
TITLE NAME STREET ADDRESS CITY-S1-ZIP	S CRESCENZO, WILLIAM 3302 CARNOUSTIE ST RIVERHEAD, NY 11901					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME					** .	

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

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.

SIGNATURE.

CITY-ST-ZIP

12:53

PHILP D BENNS

4/10/00

9.543414929

Daylime Phone #