2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2007 8:00 am Secretary of State DOCUMENT # F9600003011 01-31-2007 90034 018 ***150 00 ASHRIDGE HOLDING LTD., INC. Principal Place of Business Mailing Address 1190 MAIN STREET 1190 MAIN STREET 40006950 SUITE 801 SUITE 801 SARASOTA, FL 34236 SARASOTA, FL 34236 3. Mailing Address 1990 2. Principal Place of Business - No P.O. Box # 990 Main st Suite, Apt. #, etc. 01162007 Chg-P CR2E034 (12/06) #80 City & State 4. FEI Number Applied For 98-0136381 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. A u'. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GLENDINNING, RENEA M 1990 Main Street Street Address (P.O. Box Number is Not Acceptable) 1990 MIAN STREET SUITE 801 SARASOTA, FL 34236 City Zip Code FL 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 little 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. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Addition TITLE ☐ Change GLENDINNING, RENEA M NAME NAME 1990 MAIN STREET SUITE 801 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NARVAEZ, JANET NAME STREET ADDRESS 1990 MAIN STREET SUITE 801 STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change 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-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 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 fusiee 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

(941) 365-4611