2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED

SIGNATURE: ~

May 01, 2007 8:00 am Secretary of State **DOCUMENT # G38813** 05-01-2007 90050 046 ***150.00 FAMOUS AMOS SERVICE CORPORATION, INC. Principal Place of Business Mailing Address 7000-% B KENNETH RIDGON % B KENNETH RIDGON 2765 CLYDO RD. 2765 CLYDO RD. JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1668633 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 Name RIGDON, B. KENNETH. Street Address (P.O. Box Number is Not Acceptable) 2765 CLYDO ROAD JACKSONVILLE, FL 32207 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 Florida. I am familiar with, and accept the obligations of registered agent. APRIL 27, 2007 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete ME ☐ Change Addition NAME MOISE, EDNA J. NAME STREET ADDRESS 2675 CLYDO RD. STREET ADDRESS CITY+ST-ZIP JACKSONVILLE, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME RIGDON, B KENNETH NAME STREET ADDRESS 2675 CLYDO RD STREET ADDRESS CITY+ST-7IP JACKSONVILLE, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition SIMMONS, RENE L NAME NAME STREET ADDRESS 2765 CLYDO RD STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 32207 CITY-ST-ZIP TITLE ☐ Delete 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-7IP TITLE ☐ Delete ☐ Change TIT! F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NING OFFICER OR DIRECTOR

2007

(904) 731-3396