2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2008 8:00 am Secretary of State DOCUMENT # G63564 04-14-2008 90029 036 ***150 00 1. Entity Name WESLEY D. SCOVANNER & ASSOCIATES, INC. 4000 1000 Principal Place of Business Mailing Address 1855 BEAR CREEK COVE 1855 BEAR CREEK COVE LONGWOOD, FL 32779 LONGWOOD, FL 32779 03312008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2325474 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCOVANNER, WESLEY D. DO NOT WRITE 1855 BEAR CREEK COVE LONGWOOD, FL 32779 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, typed or printed name of registered egent and little if applicable. (NOTE: Registered Agent algosture required when reinstating) 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 OFFICERS AND DIRECTORS 10. 7 TITLE SCOVANNER, WESLEY D NAME 1855 BEAR CREEK COVE STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL TITLE NAME STREET ADDRESS CITY+ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: 1

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

Nesle

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scotenner

Daytime Phone #

FILED