2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# G68219

Entity Name: COHOBI ENTERPRISES, INC.

Current Principal Place of Business:

% PETER J. KEARNS
1019 ARLINGTON AVE.,N.
ST.PETERSBURG, FL 33705

New Principal Place of Business:

% PETER J. KEARNS
6505 28TH AVE EAST
PALMETTO, FL 34221

Current Mailing Address:

% PETER J. KEARNS
1019 ARLINGTON AVE.,N.
ST.PETERSBURG, FL 33705

New Mailing Address:

% PETER J. KEARNS
6505 28TH AVE EAST
PALMETTO, FL 34221

FEI Number: 59-2324815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEARNS, BETTY L.
1019 ARLINGTON AVE.,N.
ST.PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

KEARNS, BETTY L.
6505 28TH AVE EAST
PALMETTO, FL 34221 US

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.

SIGNATURE: _____ 04/25/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KEARNS, PETER J
Address: 1019 ARLINGTON AVE.,N.
City-St-Zip: ST.PETERSBURG, FL 33705

Title: DVS ( ) Delete
Name: KEARNS, BETTY LOUISE,
Address: 1019 ARLINGTON AVE.,N.
City-St-Zip: ST.PETERSBURG, FL 33705

Title: T ( ) Delete
Name: WALLACE, SHARON J
Address: 1019 ARLINGTON AVE. N
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: KEARNS, PETER J
Address: 6505 28TH AVE EAST
City-St-Zip: PALMETTO, FL 34221

Title: DVS (X) Change ( ) Addition
Name: KEARNS, BETTY LOUISE,
Address: 6505 28TH AVE EAST
City-St-Zip: PALMETTO, FL 34221

Title: T (X) Change ( ) Addition
Name: WALLACE, SHARON J
Address: 6830 34TH AVE EAST
City-St-Zip: PALMETTO, FL 34221

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BL KEARNS VP 04/25/2008
Electronic Signature of Signing Officer or Director — Date