2008 FOR PROFIT CORPORATION

Apr 28, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # G84678 04-28-2008 90321 025 ***150.00 UNIVERSITY PARKWAY INVESTMENTS, INC. Principal Place of Business Mailing Address 8210 LAKEWOOD RANCH BLVD 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 BRADENTON, FL 34202 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2374659 Not Applicable Zip Zip Country 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 HEIM, PRISCILLA G 8210 LAKEWOOD RANCH BLVD Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34202 City 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHIER, JAMES R NAME STREET ADDRESS 8210 LAKEWOOD RANCH BLVD STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HEIM, PRISCILLA G NAME NAME STREET ADDRESS 8210 LAKEWOOD RANCH BLVD STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 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 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

12. Thereby 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 trustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

with all other like empowered.

changed, or on an attachment with an audress

SIGNATURE AN

SIGNATURE:

FILED