


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # H55011 1. Entity Name CUNNINGHAM, INGRAM, AND ANDERSON, INC.	
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Principal Place of Business 4320 WOODLAND PARK DRIVE MELBOURNE, FL 32904 US	Mailing Address 4320 WOODLAND PARK DRIVE MELBOURNE, FL 32904 US
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01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2531921	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**INGRAM, BRUCE
4320 WOODLAND PARK DRIVE
W. MELBOURNE., FL 32904**

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000913588
05/08/08-80023-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	INGRAM, BRUCE
STREET ADDRESS	4320 WOODLAND PARK DRIVE
CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	STD
NAME	CUNNINGHAM, GARY R II
STREET ADDRESS	4320 WOODLAND PARK DR.
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: Bruce Ingram **BRUCE INGRAM** 04-18-08 3217233400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #