2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64338

FILED Apr 29, 2008 Secretary of State

Entity Name: CARLSON, NORRIS AND ASSOCITATES, INC.

Current Principal Place of Business: New Principal Place of Business: 1919 COURTNEY DRIVE **STE 14** FT. MYERS, FL 33901 **New Mailing Address: Current Mailing Address:** 1919 COURTNEY DRIVE STE 14 FT. MYERS, FL 33901 US FEI Number: 59-2557343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARLSON, C. WILLIAM 1919 COURTNEY DRIVE STE. 14 FT MYERS, FL 33901 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition CARLSON, C WILLIAM CARLSON, C WILLIAM Name: Name: 1339 MORNINGSIDE DRIVE 1339 MORNINGSIDE DRIVE Address: Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33901 US () Delete Title: STD Title: STD (X) Change () Addition

Name: NORRIS, J. LEE. Name: NORRIS, J. LEE.

6903 OLD WHISKEY CREEK DRIVE Address: 6903 OLD WHISKEY CREEK DRIVE Address: FORT MYERS, FL 33907 FORT MYERS, FL 33907 US City-St-Zip: City-St-Zip:

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: C. WILLIAM CARLSON PD 04/29/2008