2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J09911 **FILED** Jul 09, 2008 08:00 AM TERÉNCE J. KANN, P.A. Secretary of State Principal Place of Business Mailing Address 2790 NW 43RD ST 2790 NW 43RD ST STE 100 STE 100 GAINESVILLE, FL 32606 GAINESVILLE, FL 32606 07032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2659493 Not Applicable 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE KANN, TERENCE J. 2790 NW 43RD STREET IN THIS SPACE SUITE 100 GAINESVILLE, FL 32606 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 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 12, 2008 10. 130 CONTROL OF THE CONTROL OF TH TITLE KANN, TERENCE J. . NAME STREET ADDRESS 2790 NW 43RD ST STE 100 CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7iP

12. I hereby 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-375-3203