

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                            |                                                    |                                                                                                              |                                                                              |                                                                              |  |
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| DOCUMENT # J63632                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                            |                                                    |                             |                                                                              | <b>FILED</b><br>08 SEP -5 AM 11:56<br>CLERK OF STATE<br>TALLAHASSEE, FLORIDA |  |
| 1. Entity Name<br>ETLOMA INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                            |                                                    | Principal Place of Business<br>3044 S MILITARY TRAIL<br>SUITE A<br>LAKE WORTH, FL 33463                      |                                                                              |                                                                              |  |
| Mailing Address<br>3044 S MILITARY TRAIL<br>SUITE A<br>LAKE WORTH, FL 33463                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |                                            |                                                    | 2. Principal Place of Business - No P.O. Box #                                                               |                                                                              |                                                                              |  |
| 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                                            |                                                    | 4. FEI Number<br>59-2814736                                                                                  |                                                                              |                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                            |                                                    | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                     |                                                                              |                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 | Country                                    |                                                    | City & State                                                                                                 |                                                                              | 6. Name and Address of Current Registered Agent                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 | Country                                    |                                                    | City & State                                                                                                 |                                                                              | 7. Name and Address of New Registered Agent                                  |  |
| ETTMAN, JON<br>1823 ANTIGUA RD<br>LAKE SHORES, FL 33406                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                            |                                                    | Name<br>Diana Londono                                                                                        |                                                                              |                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                            |                                                    | Street Address (P.O. Box Number is Not Acceptable)<br>2963 Bolton Court                                      |                                                                              |                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                            |                                                    | City Wellington FL Zip Code 33414                                                                            |                                                                              |                                                                              |  |
| 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 <i>Diana M Londono</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 |                                            |                                                    | DATE 8/26/08                                                                                                 |                                                                              |                                                                              |  |
| Amended AR is \$61.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |                                            |                                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                              |                                                                              |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |                                            |                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                        |                                                                              |                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P<br>ETTMAN, JON<br>1823 ANTIGUA RD<br>LAKECLARKE SHORES, FL    | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>Londono, Diana<br>2963 Bolton Court<br>Wellington, FL 33414                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | V<br>LONDONO, FRANCISCO<br>2963 BOLTON CT<br>WPALM BCH, FL      | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>Londono, Francisco<br>2963 Bolton Court<br>Wellington, FL 33414                                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | T<br>ETTMAN, LAURA<br>1823 ANTIGUA RD.<br>LAKECLARKE SHORES, FL | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>Mayo, Margarita<br>2579 West End Road<br>West Palm Beach, FL 33406                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S<br>MAYO, CLEMENTE<br>2579 WESTEND RD<br>WPALM BCH, FL         | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>Ludwig, Laura<br>12720 Spinnaker Lane<br>Wellington, FL 33414                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                              |  |
| 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: <i>Diana M Londono</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                            |                                                    | 8/26/08 561-790-7698                                                                                         |                                                                              |                                                                              |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>Diana Londono, Vice President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                            |                                                    | Date Daytime Phone #                                                                                         |                                                                              |                                                                              |  |

9/500