2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2008
Secretary of State

DOCUMENT# J98257

Entity Name: HICKS, FRANKENBERG & ASSOCIATES, P.A.

Current Principal Place of Business:

28163 US 19 N, SUITE 204
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

28163 US 19 N, SUITE 204
CLEARWATER, FL 33761 US

New Mailing Address:

755 MAPLE RIDGE RD. SO.
PALM HARBOR, FL 34683 US

FEI Number: 59-2848933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKS, MICHAEL D PD
28163 US HWY 19 N
SUITE 204
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

HICKS, MICHAEL D PD
755 MAPLE RIDGE RD. SO.
PALM HARBOR, FL 34683 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: 01/20/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HICKS, MICHAEL D PD
Address: 28163 US HWY 19 N-STE 204
City-St-Zip: CLEARWATER, FL 33761

Title: ST ( ) Delete
Name: FRANKENBERG, DON R ST
Address: 28163 US HWY 19 N-STE 204
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HICKS, MICHAEL D PD
Address: 755 MAPLE RIDGE RD. SO.
City-St-Zip: PALM HARBOR, FL 34683

Title: ST (X) Change ( ) Addition
Name: FRANKENBERG, DON R ST
Address: 1936 ARGILE DRIVE
City-St-Zip: DUNEDIN, FL 34698

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: MICHAEL D. HICKS PD 01/20/2008
Electronic Signature of Signing Officer or Director — Date