2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 29, 2008 8:00 am Secretary of State **DOCUMENT # K24305** 04-29-2008 90072 029 ***158.75 1. Entity Name NIELUBOWICZ & ASSOCIATES, INC. Principal Place of Business Mailing Address 1900 GLENGARY ST P.O. BOX 19919 SARASOTA, FL 34231 SARASOTA, FL 34276 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0051187 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NIELUBOWICZ, VIRGINIA S. Street Address (P.O. Box Number is Not Acceptable) 5129 RIVERWOOD AVE. SARASOTA, FL 34231 City Zip Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD TITLE Delete TITLE ☐ Change ■ Addition 10: NIELUBOWICZ, VIRGINIA S NAME NAME STREET ADDRESS 5129 RIVERWOOD AVE. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP VSD THLE **X** Delete ☐ Change ☐ Addition NIELUBOWICZ, VIRGINIA S. NAME NAME 5129 RIVERWOOD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP ☐ Delete ✓ .Change ☐ Addition TITLE **VSD** NIELUBOWICZ, CHAD G NAME NAME Nielubowicz, Chad G. STREET ADDRESS STREET ADDRESS 5244 MARSH FIELD LANE 4484 Diamond Circle, East Sarasota, FL 34233 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34235 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP City-ST-ZIP 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.

FILED

4/25/08 941-924-5077