2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 21, 2008 08:00 A Secretary of State **DOCUMENT # K26739** 22ND, CT, CORP. Principal Place of Business Mailing Address 3000 N UNIV. DR SUITE 1 3000 N UNIV. DR SUITE 1 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 US 04022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-2918971 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VECCHIO, JOSEPH A., JR DO NOT WRITE 3000 N UNIVERSITY DR SUITE 1 IN THIS SPACE CORAL SPRINGS, FL 33065 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 famillar with, and accept the obligations of registered agent. SIGNATURE Signeture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignéture required when rematating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DP TITLE SCAROLA, LEONARD NAME STREET ADDRESS **3000 N UNIV. DR** CITY-ST-ZIP CORAL SPRINGS, FL 33065 ππε U00000909034 05/06/08-80052-020 150.00 NUM STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CRTY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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