2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 15, 2008 08:00 AM **Secretary of State** DOCUMENT # K34664 1. Entity Name RANDOLPH H. JAMES, CPA, P.A. Principal Place of Business Mailing Address 980 N FEDERAL HWY 312 980 N FEDERAL HWY 312 BOCA RATON, FL 33432 BOCA RATON, FL 33432 01162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0073807 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JAMES, RANDOLPH H. DO NOT WRITE 980 N FEDERAL HWY 312 BOCA RATON, FL 33432 IN THIS SPACE 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PSD TITLE JAMES, RANDOLPH H. NAME STREET ADDRESS 980 N FEDERAL HWY 312 22 UQQQQQQ229446 BOCA RATON, FL CITY-ST-ZIP 02/26/08-80041-023-150.00 NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS the information supplied with this fifing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information of 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 has 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 12. I hereby certify that the information supplied will indicated on this red

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