2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

| ANNUAL REPORT | | | | | | Secretary of State | | | | |
|---|--|----------------------------------|-----------------|--|--------------------------------|----------------------------|---------------------------------------|---------------------------|-----------------|--------------|
| 1. Entity Name | IENT # K36325 DIPMENT, INC. | | | | 04-21-2008 90061 032 ***150.00 | | | | | |
| Principal Place of Business Mailing Address | | | | | | 4 | | | | |
| 2750 TAYLOR | 2750 TAYLOR AVENUE | O TAYLOR AVENUE | | | | | | | | |
| SUITE D SUITE D | | | | | | | | | | |
| ORLANDO, FL | 32806 US | ORLANDO, FL 32806 US | | | | IB AUTO ORIBO (RUS HOBI-BI | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 04162008 | Chg-P | CR2E0 | 34 (12/06) | |
| City & State | | City & State | | | | 4. FEI Numb | | | <u> </u> | plied For |
| 7:- Courte | | Zip Country | | | | 59-291 | 1072 | | <u> </u> | t Applicable |
| Zip | Country | Zip | ry | | 5. Certificate | of Status Desired | | \$8.75 Add Fee Require | | |
| Name and Address of Current Registered Agent | | | | | | 7. Name and | Address of New I | Registered A | Agent | |
| FILDES, RICHARD | | | | Name | | | | | | |
| 215 N EOLA DR | | | • | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| ORLANDO, | | • | | | | | | | | |
| | | | | City | | | · · · · · · · · · · · · · · · · · · · | FL | Zip Code | e |
| R The above o | ed office or | register | ed agent, or bo | th, in the State of F | | <u> </u> | and accept | | | |
| 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 | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | | | /CHANGES TO OF | FICERS AND | | |
| 1 | PD | ☐ Delete | TITLE | | TR | | | | Change | Addition |
| | BARRALES, DAVID J. | | NAM | | אפע | N A. M | nck | | | |
| l l | 2940 LAKE PINELOCH BLVD ORLANDO, FL 32806 | | | ET ADDRESS - ST - ZIP | | ANDO, | LOR AVE | 306 | | |
| | D | ☐ Delete | TITLE | | S€ | | <i>FC 322</i> | | Change | Addition |
| | BARRALES, KATY L | L. Delete | NAM | | 361 | FF MYE | as | | | |
| STREET ADDRESS 2 | 2811 MARSALA €T. | | STRE | ET ADDRESS | _ | | er place | _ | | |
| | ORLANDO, FL 32806 | | CITY- | ST-ZIP | OR | LANDO, | FL 328 | 17 | | |
| 1 1 | TR | Delete | TITLE | | D | . <- | | | Change | Addition |
| 1 1 | SMITH, JASON 2750 TAYLOR AVE STE.D | | NAME | : et address | > 45 | ANDYE | E WILLISA | BA-C | ('A'',^- | |
| | ORLANDO, FL 32806 | | | -ST-ZIP | 00 | LANDO. | FL 32 | 806 | | |
| TITLE S | SEC | Delete | TITLE | | | | | | ☐ Change | ☐ Addition |
| 1 1. | BOWDEN, GERALD | | NAM | | | | | | | |
| i l | 641 29TH ST ORLANDO, FL 32804 | | | ET ADDRESS - ST - ZIP | | | | | | |
| | VP | ☐ Delete | TITLE | | | | | | ☐ Change | ☐ Addition |
| I I | CALLAWAY, MICHAEL R. | | NAM! | Ē | | | | | | |
| I f | 1668 ARBOR DR | | | ET ADDRESS | | | | | | |
| | MELBOURNE, FL 32935 | | - | -ST-ZIP | ļ | | | | | |
| 1 1 | ZAHODODNI SUSAN C | Delete | TITLE | • | | | | | Change | ☐ Addition |
| 1 | ZAHORODNI, SUSAN G 19 SUNSET HILL RD | | NAMI STRE | E et address | | | | | | |
| 1 | SIMSBURY, CT 06070 | | | - ST - ZIP | | | | | | |
| | ertify that the information supplied with | this filing does not qualify for | the exe | emotions o | ontained | d in Chapter 11 | 9. Florida Statutes. | I further cer | tify that the i | nformation |

12. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that he 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-425-5280