2008 FOR PROFIT CORPORATION

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

FILED ANNUAL REPORT Feb 25, 2008 08:00 AN **DOCUMENT # K84260 Secretary of State** BASS ANGLERS GUIDE SERVICE, INC. Principal Place of Business Mailing Address 6526 STATE RD #535 6526 STATE RD #535 WINDERMERE, FL 34786 WINDERMERE, FL 34786 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3009976 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURKE, ROBERT E JR DO NOT WRITE 6526 STATE RD #535 WINDERMERE, FL 32786 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 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 10. OFFICERS AND DIRECTORS TITLE BURKE, ROBERT E JR NAME 6526 ST RD #535 STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL TITLE U00000836998 03/04/08-80040-001 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE