2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K99350 1. Entity Name 08 MAR 28 PM 1: 17 BUREAUBUSTERS, INC. SECKETALL OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4061 N STATE RD 53 4061 N STATE RD 53 MADISON, FL 32340 MADISON, FL 32340 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc 03282008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2960579 Not Applicable Zip Country 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 GRAY, LISA U 4061 N STATE RD 53 Street Address (P.O. Box Number is Not Acceptable) MADISON, FL 32340 City Zip Code FL 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 lamiliar 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 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete Addition PD TITLE Change TITLE 400121528294 03/28/08--01024--007 **150.00 GRAY, LISA U NAME NAME STREET ADDRESS STREET ADDRESS 4061 N STATE RD 53 MADISON, FL 32340 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME GRAY, RANDOLPH L NAME STREET ADDRESS STREET ADDRESS 4061 N STATE RD 53 MADISON, FL 32340 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information subplied 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 dustee employee do execute this report as reading dustriance. 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 emported. TED NAME OF SIGNING Daylime Phone

FILED