## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 04, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # L13124 COMPANY, INC.						tary of S <sup>2</sup> 8 90013 010 ***1	
Principal Place 3747 VINEY CINCINNATI,		Mailing Address 3747 VINEYARD PLACE CINCINNATI, OH 45226	US					
PO BO	Hace of Business - No P.O. Box #	<del> </del>	18108					
Wadi	*Al Aval Street	Suite, Apt. #, etc.			01212008	Chg-P	CR2E034 (12/06)	
City & Stal	* Doha	<del>                                     </del>	sha		4. FEI Numbe 59-296		<b>⊢</b>	oplied For ot Applicable
Zīp	Country Qatar	<u> </u>	Country	4V		of Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent	Name	<b>λ</b> /		Address of New F	Registered Agent	
MINOR, N				IVC	ora M	lihor		
4 HUNTSMAN LOOK ORMOND BCH, FL 32174			Street Ac	ddress (P	O. Box Numb	er is Not Acceptable	iz's Lake	
			City	Pi	<u> </u>		Zip Cod	Δ ,
9 The shows	named entity submits this statement for	the surmore of changing its rec		LU	llana	<u>in</u>	<b>「Ŀ</b> 」う。	2011
the obligate	hions of registered agent.	Mus of criating ing its res			Mino.		onda. Tam familiar with, $2 - 19 - 0$	_
0.0.0	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agent signatur	re required w	rhen reinstating)		DATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	L			00 May Be d to Fees			
10.	OFFICERS AND D		11.		ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTORS	
TITLE NAME	MINOR, NORA	☐ Delete	TITLE NAME	l		<b>- 2</b>	<b>☑</b> Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	4 HUNTSMAN LOOK ORMOND BCH, FL 32174		STREET ADORESS CITY-ST-ZIP	PO	13 OX 1	8108 Qatar		
TITLE	ORMOND BUT, FL 32179	☐ Delete	MLE		ona	Qatar	☐ Change	☐ Addition
NAME		_ 00,000	NAME				C) cutalize	Mucinos
STREET ADDRESS City-St-Zip		Ī	STREET ADDRESS CITY+ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME Street Address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS			NAME Street adoress					
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TITLE Name		☐ Delete	TITLE Name				☐ Change	Addition
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NAME		i∟i Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS City-St-Ztp			STREET ADDRESS CITY-ST-ZIP					
WITT-ST-EIF 1								

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 cath; 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:	ma	A Musica OR PRINTED NAME OF SIGNING OFFICER	Nora A. Minor	2-18-09	813 33 368	59
*,	SKUMATUKE AND TYPED C	Date	Daytime Phone #	1		