## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Bun P. Rum

## FILED Apr 10, 2008 08:00 A Secretary of State

DOCU 1. Entity Nam BRIAN P.					•	Secr	etary	of S	
Principal Place 3411 W. FLE SUITE B TAMPA, FL		Mailing Address 3411 W. FLETCHER AVE SUITE B TAMPA, FL 33618				<b>                                    </b>	ı Dyalı ətali biz	H <b>ita</b> a ii i <b>ati</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04022008	Chg-P	CR2E03	34 (12/06)	
City & State		City & State			4. FEI Number Applied For 65-0198903 Not Applicab				t Applicable
Zip	Country	Zip	Coun	ntry	5. Certificate o	of Status Desired		8.75 Add ee Require	
6. Name and Address of Current Registered Agent 7. Name and Ad Name							Registered A	gent	
RUSH, BRIAN P. 3411 W. FLETCHER AVE. SUITE B TAMPA, FL 33618				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	e
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									
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Con	•	~ ~ ~	00 May Be ed to Fees		_	<u>, , , , , , , , , , , , , , , , , , , </u>	
10.	OFFICERS AND DIRECTORS			·	ADDITIONS/C	HANGES TO OFF	ICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	RUSH, BRIAN P. 3411 W. FLETCHER AVE., B TAMPA, FL 33618	□ Delete						Change :	Addition (
TITLE NAME STREET ADDRESS CRTY-ST-ZIP		☐ Delete					)088865 8 <del>-80019</del>	<u>-024 1</u>	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				UTI EEI U.		Change Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition \
TITLE NAME STREET ADDRESS CITY: ST-ZIP		□ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	in the second second	Delete	CITY	IE EET ADDRESS - ST-ZIP	•			Change	Addition
12. I hereby certify that the information supplied 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 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.									

DRIAN P. RUSH 04/07/08 813-943-/586

DRIAN P. RUSH 04/07/08 BI3-943-/586

Dayumo Phone #