## 2008 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Feb 04, 2008 08:00 AN Secretary of State DOCUMENT # M06245 1. Entity Name JON NASTICS, INC. Principal Place of Business Mailing Address 15816 81 TERRACE N. 15816 81 TERRACE N. PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 01312008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2455170 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STIERWALT, JON J. DO NOT WRITE 15816 81 TERR N PALM BEACH GARDENS, FL 33418 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 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 regurned 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 **PVPS** TITLE STIERWALT, JON J NAME STREET ADDRESS 15816 81 TERRACE N. CITY-ST-ZIP PALM BEACH GARDENS, FL TITLE NAME U00000815701 02/14/08-80019-023 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP. TIME

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 thereby 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 application, with all other tike empowered.

SIGNATURE:

NAME . STREET ADDRESS CITY-ST-ZIP