2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004606

Entity Name: 2717 OFFICE CENTER, INC.

FILED Feb 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2401 W. CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309

Current Mailing Address: New Mailing Address:

2401 W. CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309

FEI Number: 27-0059356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, MARK T SHELTON, THOMAS

2401 W. CYPRESS CREEK ROAD 2401 W. CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309 US FT. LAUDERDALE, FL 33309 US

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.

SIGNATURE: THOMAS SHELTON 02/07/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:SD () DeleteTitle:PD (X) Change () AdditionName:CASTIGLIONE, JOSEPHName:SHELTON, THOMASAddress:2401 W CYPRESS CREEK ROADAddress:2401 W CYPRESS CREEK ROADCity-St-Zip:FORT LAUDERDALE, FL 33309City-St-Zip:FORT LAUDERDALE, FL 33309

Title: PD () Delete Title: SD (X) Change () Addition

Name: DAVIS, MARK T Name: DEEB, CHARLES

Address: 2401 W CYPRESS CREEK ROAD Address: 2401 W CYPRESS CREEK ROAD City-St-Zip: FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309

Title: () Delete Title: D () Change (X) Addition

Name: Name: DENIS, JEFFREY

Address: Address: 2401 W CYPRESS CREEK ROAD City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS SHELTON PD 02/07/2008