2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N03000006418

Entity Name: THE HISTOREUM INC.

Current Principal Place of Business:

5415 US 19
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

5415 US 19
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 32-0087179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POELSMA, ANDREW
1112 65TH ST. NW
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: POELSMA, ANDREW
Address: 1112 65TH ST., NW
City-St-Zip: BRADENTON, FL 34209

Title: VD ( ) Delete
Name: POELSMA, JOYCE
Address: 1112 65TH ST., NW
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete
Name: JONES, JOHN M
Address: 274 CAPRI AVENUE
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete
Name: ODOM, JON C
Address: 815 8TH ST., W
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANDREW POELSMA PD 05/05/2008

Electronic Signature of Signing Officer or Director — Date