2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # N05000004723 04-28-2008 90404 031 ****61.25 AMERICAN FRIENDS OF BRITISH ART, INC. Principal Place of Business Mailing Address 4008/410 3507 VILLAGE BLVD PO BOX 2842 PALM BEACH, FL 33480 WEST PALM BEACH, FL 33480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 55-0844065 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOUD, CHRISTOPHER C 150 S MAIN STREET SUITE 1 Street Address (P.O. Box Number is Not Acceptable) LABELLE, FL 33975 City Zip Code 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 agention. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. **Due by May 1, 2008** Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Channe ☐ Addition RIDGDILL, CHARLES M NAME NAME STREET ADDRESS PO BOX 2842 STREET ADDRESS PALM BEACH, FL 33480 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME RIDGDILL, BEVERLY J NAME **PO BOX 25** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LABELLE, FL 33975 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME GONZALEZ, GABRIEL I NAME STREET ADDRESS P.O. BOX 2842 STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP JITLE Delete TITLE ☐ Change ☐ Addition GERTZ, MARIA DR. NAME NAME 1416 SE 11TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33316 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 617, 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED