2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008
Secretary of State

DOCUMENT# N05000007019

Entity Name: EVERGLADE RECORDS, INC.

Current Principal Place of Business:

27000 SW 192 AVENUE
HOMESTEAD, FL 33031 US

New Principal Place of Business:

Current Mailing Address:

27000 SW 192 AVENUE
HOMESTEAD, FL 33031 US

New Mailing Address:

FEI Number: 20-3145473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BURNS, KRISTINE H DR.
27000 SW 192 AVENUE
HOMESTEAD, FL 33031 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: P ( ) Delete
Name: LEIDER, COLBY N PROF.
Address: 27000 SW 192 AVENUE
City-St-Zip: HOMESTEAD, FL 33031 US

Title: T ( ) Delete
Name: BURNS, KRISTINE H DR.
Address: 27000 SW 192 AVENUE
City-St-Zip: HOMESTEAD, FL 33031 US

Title: S ( ) Delete
Name: LEIDER, JACQUELINE
Address: 1904 TRAFALGER COVE
City-St-Zip: CEDAR PARK, TX 378613 US

Title: REP ( ) Delete
Name: BURNS, HUGH R
Address: 7394 N. PISGAH DRIVE
City-St-Zip: WEST CHESTER, OH 45069 US

Title: REP ( ) Delete
Name: ALLEY, BENNY A SR.
Address: 3011 FOUNTAINWOOD DRIVE
City-St-Zip: GEORGETOWN, TX 78628 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEIDER, COLBY N DR.
Address: 27000 SW 192 AVENUE
City-St-Zip: HOMESTEAD, FL 33031 US

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: KRISTINE H. BURNS T 02/22/2008
Electronic Signature of Signing Officer or Director — Date