2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N08019 **FILED** 1. Entity Name Aug 06, 2008 08:00 AM Secretary of State VOITURE 290 40 ET 8, INC. Principal Place of Business Mailing Address 1130 CLARE AVENUE - 1130 CLARE AVENUE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/08) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zio Country Zip 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 Name DUNNE, RICHARD T Street Address (P.O. Box Number is Not Acceptable) 98 BURGUNDY C **DELRAY BEACH FL 33484** 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 agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 3, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition DUNNE, RICHARD T NAME NAME STREET ADDRESS 98 BURGUNDY C STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33484** CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOHNSON, RUSSELL E JR NAME NAME 4478 NW 5TH AVE U000000957161 STREET ADDRESS STREET ADDRESS 08/06/08-80003-002 61.25 CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-7IP TITLE TITLE Delete Change Addition MYTYCH, JOEL NAME NAME STREET ADDRESS 3 GREENWAY VIG N #112 STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP TITLE ☐ Defete TILE ☐ Change ☐ Addition NAME BLUMBERG, GERALD NAME STREET ADDRESS 22700 VISTAWOOD WAY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-ZIP TITLE ☐ Delete ШE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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.

SIGNATURE:

al motrol

8/5/08