2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18355

FILED Jan 09, 2008 Secretary of State

Entity Name: SCHLARAFFIA "PORTA-PASCONIA" INC.

Current Principal Place of Business: New Principal Place of Business: 10310 FRIESON LAKE DR HUDSON, FL 34667 **Current Mailing Address: New Mailing Address:** 18652 AUTUMN LAKE BLVD HUDSON, FL 34667 FEI Number: 59-2547254 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: BRUCKNER, HERBERT J 12907 TEAKWOOD LN. HUDSON, FL 34667 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BRUCKNER, HERBERT J Name: Name: 12907 TEAKWOOD LN. Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: Title: VTD Title: VTD (X) Change () Addition () Delete WOLF, HANS J Name: HAAG, KLAUS W DR Name: Address: 11331 STONEYBROOK PATH Address: 3464PALOMETA DR City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: SPRING HILL, FL 34607 Title: DVP () Delete Title: () Change () Addition BARTELS, OCKE Name: Name: Address: 9314 ELDRIDGE RD. Address: City-St-Zip: SPRING HILL, FL 34608 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: STIMMEL, JOACHIM Name: 13744 HIDDEN VALLEY CT Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: Title: Title: () Delete () Change () Addition ROGALSKI, GERHARD Name: Name: 18652 AUTUMN LAKE BLVD Address: Address: City-St-Zip: HUDSON, FL 34667 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: GERHARD O.ROGALSKI DT 01/09/2008