2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N21087

1. Entity Name FIRST DISCOVERY, INC.

FILED Aug 23, 2007-08:00 AN Secretary of State

Principal Place of Business

Mailing Address

6131 5TH ST E

BRADENTON, FL 34207 US

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BRADENTON, FL 34207 U



DO NOT WRITE IN THIS SPACE

08162007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1743126

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

TRALICK, CARLA 3510 222ND ST E BRADENTON, FL 34202

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| 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 Signature, typod or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstaling) DATE | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 9. Election Campaign Finance Trust Fund Contribution. | | | lng 🗆 | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | <u> </u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TRALICK, CARLA A 3510 222ND ST E BRADENTON, FL 34202 | | | | U00000772640 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TRALICK, TIMOTHY J 3510 222ND ST E BRADENTON, FL 34202 | | | | 98/23/07-80003-005 70.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST TRALICK, TAWNYA 3510 222ND ST E BRADENTON, FL 34202 | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS 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 supplied entails 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 exacute 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 withan address, with all other like empowered. | | | | | |

SIGNING OFFICER OR DIRECTOR