2008 NOT-FOR-PROFIT CORPORATION

FILED Mar 28, 2008 8:00 am Secretary of State

ANNUAL REPORT

03-28-2008 90033 007 ****61.25 DOCUMENT # N32572 INTERSTATE INDUSTRIAL PARK ASSOCIATION, INC. Principal Place of Business Mailing Address 3379 A SW 42ND AVE P.O. BOX 2322 PALM CITY, FL 34990 PALM CITY, FL 34991 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 59-2997475 City & State City & State Not Applicable Zip Country Zio 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 CRARY, LAWRENCE E., III Street Address (P.O. Box Number is Not Acceptable) 555 COLORADO AVE SUITE 1 STUART, FL 34994 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. \Box Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PΩ 7/SID TITLE Delete TITLE Addition RAGI, AL NAME NAME TIM SPACEK 3379 A SW 42nd Ave Palm City, FL 34990 3379A SW 42ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 CITY-ST-7IP Addition ☐ Defete ☐ Change TITLE TITLE DID JUE PIRUTTA CARR, FRANK NAME 1779 SW. Dyer Pt. RD 3313 SW 42 AVENUE STREET ADDRESS STREET ADDRESS PALM City, FL 3499D CITY-ST-71P PALM CITY, FL CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE JAEGER, GERRY NAME NAME 3377 S.W. 42ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: AL RAGE 31-8186