
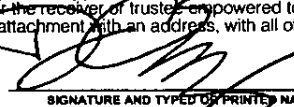


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90015 025 \*\*\*\*70.00

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # N96000000347</b>  |   |   |  |    |  |
| <b>1. Entity Name</b><br>CARDINAL ESTATES, INC.   |   |   |  |   |  |
| <b>Principal Place of Business</b><br>1834 MASON AVENUE<br>DAYTONA BEACH, FL 32117 US   |   |   | <b>Mailing Address</b><br>1834 MASON AVENUE<br>DAYTONA BEACH, FL 32117 US  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>   |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |   |  |
| City & State  |   | City & State  |  |   |  |
| Zip   | Country   | Zip   | Country  | <b>4. FEI Number</b><br>NOT APPLICABLE  |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |   |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>DWIGHT SELBY<br>200 E/ GRANADA, STE 200<br>ORMOND BEACH, FL 32174   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| <b>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.</b>  |   |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |  |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>D</b> <input type="checkbox"/> Delete<br>RAMIREZ, RAFAEL<br>1400 OCEAN SHORE BLVD.<br>ORMOND BEACH, FL 32176 |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1240 W. Granada Blvd.<br>Ormond Beach, FL 32174 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>D</b> <input type="checkbox"/> Delete<br>BIG, JOHN<br>1400 S. NOVA RD., APT 100<br>DAYTONA BEACH, FL 32114   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>120 State Avenue<br>Holly Hill, FL 32117        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>D</b> <input type="checkbox"/> Delete<br>SELBY, DWIGHT<br>200 E/ GRANADA, STE 200<br>ORMOND BEACH, FL 32174  |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>SD</b> <input type="checkbox"/> Delete<br>FRANCINE, GORDON<br>1834 MASON AVE.<br>DAYTONA BEACH, FL 32117     |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>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.</b> |   |   |  |   |  |
| <b>SIGNATURE:</b>    |   |   | 3/31/08 366-236-4456   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   | Date Daytime Phone #   |   |  |