


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000008587		
1. Entity Name CITRUS PARK HOLDINGS, INC.		

Principal Place of Business 17209 BREEDERS CUP DR. ODESSA, FL 33556	Mailing Address 17209 BREEDERS CUP DR. ODESSA, FL 33556
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2. Principal Place of Business - No P.O. Box # 12157 W. Linebaugh Ave. Suite, Apt. #, etc. #162	3. Mailing Address 12157 W. Linebaugh Ave. Suite, Apt. #, etc. #162
City & State Tampa FL	City & State Tampa FL
Zip 33626	Country USA

FILED
08 SEP 15 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07162008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3627631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TREVISANI, JOSEPH 17209 BREEDERS CUP DR. ODESSA, FL 33556	7. Name and Address of New Registered Agent Name Joseph Trevisani Street Address (P.O. Box Number is Not Acceptable) 12157 W. Linebaugh Ave. City Tampa FL Zip Code 33626
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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 Joseph Trevisani DATE 9-1-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VISICARO, DEBBIE 17209 BREEDERS CUP DR. ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000136161720 09/19/08--01049--023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TREVISANI, JOSEPH 11813 DERBYSHIRE DR. TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Joseph Trevisani 12157 W. Linebaugh Ave #162 Tampa FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD INCORVIA, RICHARD 17317 SOLIE RD. ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: Joseph Trevisani DATE 9/1/08 813-610-9585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR Date Daytime Phone #