2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS

SIGNATURE: __

Mar 14, 2008 8:00 am Secretary of State 03-14-2008 90035 032 ***150.00 DOCUMENT # P00000023518 1. Emity Name 5540, INC. 40045533 Principal Place of Business Mailing Address 5514 PARK BLVD. 5514 PARK BLVD. PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #. elc. Suite. Apt. #, etc. 01042008 CR2E034 (12/06) Applied For City & State City & State 4. FEL Number 59-3705941 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 ENGLANDER, LEONARD S Street Address (P.O. Box Number is Not Acceptable) 721 1ST AVE NORTH ST PETERSBURG, FL 33701 City 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 SIGNATURE Separate Spean or printed name of redistreted agents and about appointable (NOTE: Registered Agent signature regulated when renstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PST ☐ Delete TITLE Change ☐ Addition NAME BRODERICK, ROGER B NAME 5514 PARK BLVD STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP PINELLAS PARK, FL 33781 CHY-S1-ZIP ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 71P CITY ST 7IP Delete TITLE Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-51-ZP CHY-S1-7P ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS

CITY - ST - ZIP 12. Thereby 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 it made under eath; 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

FILED