| 2008 FOR PROFIT CORPORATION<br>ANNUAL REPORT   |   |  |                    | FILED<br>Feb 21, 2008 08:00 A     |                          |                |  |
|--|---|--|--------------------|-----------------------------------|--------------------------|----------------|--|
| 1. Entity Nam  | MENT # P0000002474<br><sup>*</sup> F storage, INC.  |  |                    | Secretary of State                |                          |                |  |
| Principal Place of Business<br>4202 E MLK KING BLVD<br>TAMPA, FL 33610<br>AMPA, FL 33610<br>AMPA, FL 33610<br>AMPA, FL 33610<br>AMPA, FL 33610<br>AMPA, FL 33610<br>AMPA, FL 33610 |   |  | ~E                 | 01282008 No Chg-P CR2E034 (11/05) |                          |                |  |
|  |   |  |                    |                                   | 462<br>of Status Desired |                | Applied For<br>Not Applicable<br>\$8.75 Additional<br>Fee Required |
| 6. Name and Address of Current Registered Agent<br>NWAGBUO, BARTHOLOMEW U<br>4202 E MLK BLVD<br>TAMPA, FL 33610  |   |  |                    |                                   | NOT W                    |                | _  |
|  |   |  |                    | IN THIS SPACE                     |                          |                |  |
| After M  | Signature. typed or printed name of registered agent and the<br>E NOWIII FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00 | <ol> <li>Election Campaign Finar<br/>Trust Fund Contribution.</li> </ol> | ~ _ +-             | .00 May Be<br>ed to Fees          |                          | DAIE           |  |
| 10.<br>IIILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE   | OFFICERS AND DIR<br>PSTD<br>NWAGBUO, BARTHOLOMEW U<br>4202 E MLK BLVD<br>TAMPA, FL 33610                                    | ECTORS   |                    |                                   | U00000:<br>02/28/08~     | 33417<br>80042 | 5<br>-007 150.00   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZI"<br>TITLE<br>NAME   |   |  |                    |                                   |                          |                |  |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |                    | DO NOT WRITE<br>IN THIS SPACE     |                          |                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME  |   |  |                    |                                   |                          |                |  |
| STREET ADDRESS<br>CITY-SI-ZIP<br>12. 1 hereby  | certify that the information supplied with this<br>d.or. this report or supplemental report is true                         | filing does not qualify for the ex                                       | emptions contained | d in Chapter 119                  | , Florida Statutes.      | l further c    | ertify that the information  |