2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 06, 2008 08:00 A Secretary of State DOCUMENT # P00000034797 RICHARD E. THOMPSON, P.A. Principal Place of Business Mailing Address 939 S.E. 4TH COURT 939 S.E. 4TH COURT DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 No Chg-P CR2E034 (11/05) 01092008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0998881 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE THOMPSON, RICHARD E 939 S.E. 4TH COURT DEERFIELD BEACH, FL 33441 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS A STATE OF THE STA 10. TITLE NAME THOMPSON, RICHARD E 000000849234 STREET ADDRESS 939 SE 4TH COURT ----03/21/08-80012-013 150.00 DEERFIELD BEACH, FL 334415909 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE The state of the s NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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 at Paddress, with all other like empowered

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 1 STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KICHARD E. Thompen

20/08/ 905/156

FILED