2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000039913

8202 MARGARITA DR.

ORLANDO, FL 32807

MCCULLOCH, BRAD A

361 RED MULBERRY CT

LONGWOOD, FL 32779

FISHER, JANICE

() Delete

() Delete

904 AUGUSTA NATIONAL BLVD.

WINTER SPRINGS, FL 32708

Address:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Apr 14, 2008 Secretary of State

Entity Name: SELECT PARTNERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1803 EAST BROADWAY OVIEDO, FL 32765 **Current Mailing Address: New Mailing Address:** 1803 EAST BROADWAY OVIEDO, FL 32765 FEI Number: 59-3640910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BALANOFF, GARY 8202 MARGARITA DRIVE ORLANDO, FL 32812 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BALANOFF, GARY BALANOFF, GARY Name: Name: 8202 MARGARITA DRIVE 8202 MARGARITA DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812 US Title: Title: TD TD () Delete (X) Change () Addition Name: JORDAN, BETH Name: JORDAN, BETH M 7 CARDINAL DR 7 CARDINAL DR Address: Address: LONGWOOD, FL 32779 LONGWOOD, FL 32779 US City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: BALANOFF, GARY MCCULLOCH, BRAD A Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

361 RED MULBERRY CT

KESLER, ROBIN J

1108 HOWELL CREEK

STEWART, REESE J

ORLANDO, FL 32828 US

LONGWOOD, FL 32779 US

WINTER SPRINGS, FL 32708 US

14400 ST. GEORGES HILL DR

(X) Change () Addition

(X) Change () Addition

SIGNATURE: BETH M. JORDAN TD 04/14/2008