2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 18, 2008 8:00 am Secretary of State **DOCUMENT # P00000043864** 04-18-2008 90053 017 ***150.00 Entity Name RICHARD A. WEINER CONSULTANT INC. Principal Place of Business Mailing Address 8910 NW 38TH ST 8910 NW 38TH ST COOPER CITY, FL 33024 COOPER CITY, FL 33024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Tree Tops C+ 3540 E. TrecTopsC+ Suite, Apt. #, etc. Suite, Apt. #, etc. 02022008 Chg-P CR2E034 (12/06) BAVIE FL 4. FEI Number Applied For BAVID FL 65-1003429 Not Applicable Country S A Country /S A Zio 33328 \$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 WEINER, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 3540 E. Tree Tops C+ 8910 NW 38TH ST COOPERCITY, FL 33024 DAVIE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Change Addition TITLE TITLE WEINER, RICHARD NAME NAME 3540 F. Tree Tops DAVIE 17 33328 8910 NW 38TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33024 CITY-ST-7IP ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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