2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 31, 2007 8:00 am Secretary of State 01-31-2007 90043 045 ***150.00 DOCUMENT # P00000053464 1. Entity Name CINSTELISMAR, INC. 40007381 Principal Place of Business Mailing Address 3073 WOODSONG LANE 3073 WOODSONG LANE CLEARWATER, FL 33761 CLEARWATER, FL 33761 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 CR2E034 (12/06) Cha-P 4. FEI Number Applied For City & State City & State 59-3649831 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent B&C Corporate Services of Central Florida, Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE: OUITE 1400 390 N. Orange Avenue, Suite 1400 ORLANDO, FL 32001zig 2801 Or Yando 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 age, 1/19/07 Signature, typed printed name of registered agent and title if applicable. Anthony of Aparma con Vice President DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PSTD Change ☐ Addition ☐ Delete TIFLE TITLE HEPP, MARK J NAME NAME 3073 WOODSONG LANE STREET ADORESS STREET ADDRESS CLEARWATER, FL 33761 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition THILE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TOTE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

FILED

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