2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

FILED Feb 01, 2008 08:00 AN DOCUMENT # P00000065712 1. Entity Name **Secretary of State** 43RD AVENUE TRADE CENTER, INC. Principal Place of Business Mailing Address 3100 43RD AVE 3100 43RD AVE VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mading Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 65-1026326 Not Applicable Country Country \$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 SULLIVAN, CHARLES A SR Street Address (P.O. Box Number is Not Acceptable) 3100 43RD AVENUE VERO BEACH FL 32960 Zip Code 8. The above named entity subtrivis 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. 28/08 SIGNATURE (NOTE: Registered Agent eighnfuhr requires whon reinstating Signature, typed or primed liams; of pagistated agent entit tile. I implicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE Change Addition NAME SULLIVAN, CHARLES A JR NAME STREET ADDRESS 3100 43RD AVENUE STREET ADDRESS CITY-ST-7IP VERO BEACH FL 32960 CITY-ST-ZIP 150. Op pange Addition TITLE Derete TITLE ☐ Change NAME SULLLIVAN, MICHAEL A STREET ADDRESS 3100 43RD AVENUE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP Change Addition THILE Delete TITLE NAME SULLIVAN, KATHLEEN R NAME STREET ADDRESS STREET ADDRESS 3100 43RD AVENUE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 Change TD TITLE Addition TILL Defete RADFORD, PATRICIA S STREET ADDRESS 3100 43RD AVENUE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY - ST- ZIP TITLE Deiele Change Addition NAME STREET ADDRESS STREET ADDRESS City-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

Day: me Phone #