2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 3

May 27, 2008 8:00 am Secretary of State DOCUMENT # P00000078729 05-27-2008 90040 005 ***150.00 TREND BUILDING AND DEVELOPMENT, INC. Principal Place of Business Mailing Address 4025 CATTLEMAN RD. 4025 CATTLEMAN RD. 128 SARASOTA, FL 34233 SARASOTA, FL 34233 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282008 CR2E034 (12/06) Cha-P City & State City & State 4. FE! Number Applied For 59-3665969 Not Applicable Country Zip Zip 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 Name PANSULLA, JOSEPH JR Street Address (P.O. Box Number is Not Acceptable) 7716 SADDLECREEK TRAIL SARASOTA, FL 34241 City Zip Code 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 NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ÞΩ TITLE ☐ Defete TITLE □ Change Addition NAME PANSULLA, JOSEPH JR NAME STREET ADDRESS 7716 SADDLECREEK TRAIL STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34241 CITY-ST-ZIP VPT Change TITLE □ Delete TITLE Addition Pansulla, Joseph III PANSULLA, JOSEPH III NAME NAME 26005 81sr. DR.E STREET ADDRESS 5257 BENJAMIN LANE STREET ADDRESS MYAKKA City, FL 34251 CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE PANSULLA, CORINNE L NAME NAME STREET ADDRESS 7716 SADDLECREEK TRAIL STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z(P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied mental 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 trystee 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.

JOSEPH PANEULLA III

FILED