


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90103 049 \*\*\*150.00

DOCUMENT # P00000105725			
1. Entity Name CEDAR POINT SERVICES, INC.			
Principal Place of Business 2405 MERCER AVE STE 6 WEST PALM BEACH, FL 33401		Mailing Address 2405 MERCER AVE STE 6 WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # <b>1100 GRAND BAHAMA</b>		3. Mailing Address <b>1100 GRAND BAHAMA</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>SINGER ISLAND, FL</b>		City & State <b>SINGER ISLAND, FL</b>	
Zip <b>33404</b>	Country	Zip <b>33404</b>	Country
6. Name and Address of Current Registered Agent  DINNHAUPT, MAURA E 2405 MERCER AVE STE 6 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name <b>CONNOLLY, MAURA E</b> Street Address (P.O. Box Number is Not Acceptable) <b>1100 GRAND BAHAMA</b>  City <b>SINGER ISLAND</b> FL Zip Code <b>33404</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing / Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, MEGAN E 127 MAIN STREET NORWELL, MA 02161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNOLLY, MAURA E 2405 MERCER AVE. STE 6 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNOLLY, MAURA E 1100 GRAND BAHAMA SINGER ISLAND, FL 33404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>Maura E. Connolly</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>President</i>		Date <i>4/18/08</i> Daytime Phone # <i>(561) 659-9025</i>	