2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2008 8:00 am Secretary of State 03-19-2008 90025 022 ***150.00 DOCUMENT # P01000000496 JANET S. BALDWIN, P.A. 40049105 Mailing Address Principal Place of Business 551 AVENUE K, SE P.O. BOX 728 WINTERHAVEN FL 33880 2305 PENN AVENUE LAKE AIFRED FL 33 LAKE ALFRED, FL 33850-0728 CR2E034 (11/05) 01022008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3689035 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BALDWIN, JANET S DO NOT WRITE 230 S PENN AVENUE LAKE ALFRED, FL 33850 IN THIS SPACE 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) 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 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME BALDWIN, JANET S 230 S PENN AVENUE STREET ADDRESS CITY-ST-ZIP LAKE ALFRED, FL 33850 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITI F 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as a changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

FILED