2008 FOR PROFIT CORPORATION

Apr 04, 2008 08:00 All Secretary of State ANNUAL REPORT DOCUMENT # P01000003988 KERI LAND SURVEYING, INC. Mailing Address Principal Place of Business 1840 N. PINE ISLAND RD. 1840 N. PINE ISLAND RD. PLANTATION, FL 33322 PLANTATION, FL 33322 CR2E034 (11/05) 04022008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1098917 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KERI, JAY DO NOT WRITE 13424 N.W. 6 DRIVE PLANTATION, FL 33325 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 tamiliar with, and accept the obligations of registered agent. SIGNATURE. JATE 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 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS UUUUUU880547 10. 04/15/08-80065-010 150.00 Ð TITLE KERI, JAY NAME STREET AUDRESS 13424 N.W. 6 DRIVE PLANTATION, FL 33325 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. Thereby 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP THE NAME STREET ADDRESS CITY-ST-ZIP

> AY KERI SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-08

954-473-8010

FILED