2008 FOR PROFIT CORPORATION

YPED OR PRINTED NAME OF SIGNING

FILED **ANNUAL REPORT** Mar 28, 2008 08:00 Al **DOCUMENT # P01000008865** Secretary of State 1. Entity Name LANGIS, INC. Principal Place of Business Mailing Address 10051 NW 17TH STREET 10051 NW 17TH STREET CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 03242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1085530 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANGIS, JOSEPH R DO NOT WRITE **10051 NW 17TH STREET** CORAL SPRINGS, FL 33071 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, typed or printed name of registered agent and title 4 applicable. (NOTE, Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME LANGIS, JOSEPH R STREET ADDRESS 10051 NW 17TH ST CITY-ST-ZIP CORAL SPRINGS, FL 33071 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITS F NAME STREET ADDRESS CITY-ST-7tP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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