2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Ma

Apr 16, 2008 8:00 am Secretary of State DOCUMENT # P01000013065 04-16-2008 90035 030 ***150 00 1. Entity Name DATAPRO SYSTEMS, INC. Principal Place of Business Mailing Address 60024849 6500 GREEN SWAMP RD 6500 GREEN SWAMP RD CLERMONT, FL 34714 CLERMONT, FL 34714 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-3698088 Not Applicable Zip Zìp Country 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 GOMEZ, MARVIN P Street Address (P.O. Box Number is Not Acceptable) 6500 GREEN SWAMP RD CLERMONT, FL 34714 Zip Code FL 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. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPV TITLE Delete ☐ Change ☐ Addition GOMEZ, MARVIN P NAME NAME STREET ADDRESS 6500 GREEN SWAMP RD STREET ADDRESS CLERMONT, FL 34714 CITY-ST-ZIP CITY-ST-ZIP TITLE DST ☐ Delete ☐ Change ☐ Addition WIEBE, KATHERINE NAME NAME STREET ADDRESS 6500 GREEN SWAMP RD STREET ADDRESS CLERMONT, FL 34714 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED