2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000022783

Entity Name: FOURTHREACTION, INC.

FILED Apr 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12273 SW 129 COURT 13501 SW 128 STREET MIAMI, FL 33186

104

MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

PO BOX 771288 PO BOX 165024 MIAMI, FL 33116 MIAMI, FL 33177

FEI Number: 65-1098175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

LAM, JAYME LAM, JAYME 12273 SW 129 COURT 13501 SW 128 STREET MIAMI, FL 33186 104

MIAMI, FL 33186 US

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.

SIGNATURE: JAYME LAM 04/14/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

LAM, JAYME Name: Name: LAM, JAYME 13501 SW 128 STREET, UNIT 104 12273 SW 129 COURT Address: Address:

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: VD Title: VD (X) Change () Addition () Delete LAM. YOLANDA LAM. YOLANDA Name: Name:

PO BOX 165024 Address: PO BOX 771288 Address: MIAMI, FL 33116 MIAMI, FL 33177 City-St-Zip: City-St-Zip:

Title: Title: VD. () Delete CD (X) Change () Addition

LAM, JAY M Name: LAM, JAY M Name: PO BOX 165024 PO BOX 771288 Address: Address: City-St-Zip: MIAMI, FL 33116 City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAYME LAM DP 04/14/2008