2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 17, 2008
Secretary of State

DOCUMENT# P01000050705

Entity Name: HALE, SWOPE & PAULSEN, P.A.

Current Principal Place of Business:

2450 SUNSET POINT RD
CLEARWATER, FL 33765

New Principal Place of Business:

2450 SUNSET POINT RD
CLEARWATER, FL 33765 US

Current Mailing Address:

2450 SUNSET POINT RD
CLEARWATER, FL 33765

New Mailing Address:

2450 SUNSET POINT RD
CLEARWATER, FL 33765 US

FEI Number: 59-3719796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAULSEN, DAVID F ESQ
2450 SUNSET POINT RD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete
Name: SWOPE, SCOTT P
Address: 2450 SUNSET POINT RD
City-St-Zip: CLEARWATER, FL 33765

Title: DP ( ) Delete
Name: HALE, H J
Address: 2450 SUNSET POINT ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: DVT (X) Delete
Name: PAULSEN, DAVID F
Address: 2450 SUNSET POINT RD
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: HALE, H J
Address: 2450 SUNSET POINT RD
City-St-Zip: CLEARWATER, FL 33765 US

Title: DVST (X) Change ( ) Addition
Name: PAULSEN, DAVID F
Address: 2450 SUNSET POINT ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: H.J. HALE DP 09/17/2008

Electronic Signature of Signing Officer or Director — Date