2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051607

Entity Name: CONAD, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1900 BENJAMIN FRANKLIN DRIVE, VILLA 6 SARASOTA, FL 34236 **Current Mailing Address: New Mailing Address:** PIETER GORUSSTRAAT 23 PIETER GORUSSTRAAT 23 ZELE, BE B 924 ZELE, BE 9240 BE BE FEI Number: 98-0352093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAVARY, JOHNSON S JR. ESQ SAVARY, JOHNSON S JR. ESQ 1990 MAIN STREET 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236 SARASOTA, FL 34236 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: 04/29/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition Title: () Delete Title: DE WAELE, RITA DE WAELE, RITA Name: Name: PIETER GORUSSTRAAT 23, 9240 ZELE PIETER GORUSSTRAAT 23 Address: Address: City-St-Zip: KINGDOM OF BEGIUM, City-St-Zip: ZELE, BE 9240 BE Title: Title: () Delete (X) Change () Addition Name: VAN CAUTER, PATRIK Name: VAN CAUTER, PATRIK PIETER GORUSSTRAAT 23, 9240 ZELE PIETER GORUSSTRAAT 23 Address: Address: KINGDOM OF BEGIUM, ZELE, BE 9240 BE City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete VAN CAUTER, CHRISTOPHE VAN CAUTER, CHRISTOPHE Name: Name: ALBRT I-LAAN 10710205 8620 NIEVWPOORT ALBRT I-LAAN 10710205 8620 NIEVWPOORT Address: Address: City-St-Zip: KINGDOM OF BEGIUM, City-St-Zip: NIEUWPOORT, BE 8620 BE Title: () Delete Title: () Change (X) Addition VAN CAUTER, ANNELIES Name: Name: Address: Address: PIETER GORUSSTRAAT 23 City-St-Zip: City-St-Zip: ZELE, BE 9240 BE

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: DE WAELE RITA D 04/29/2008