2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# P01000100086

Entity Name: ANTHONY W. GIRARD SPECIALTIES, INC.

Current Principal Place of Business:

2100 MISSION VALLEY RD
NOKOMIS, FL 342751715

New Principal Place of Business:

2100 MISSION VALLEY BLVD
NOKOMIS, FL 342751715

Current Mailing Address:

2100 MISSION VALLEY RD
NOKOMIS, FL 342751715

New Mailing Address:

2100 MISSION VALLEY BLVD
NOKOMIS, FL 342751715

FEI Number: 65-1138072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIRARD, ANTHONY W
34285-4707
VENICE, FL 342922707 US

Name and Address of New Registered Agent:

GIRARD, ANTHONY W
2100 MISSION VALLEY BLVD
NOKOMIS, FL 342751715 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: 01/10/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: GIRARD, ANTHONY W
Address: 2100 MISSION VALLEY RD
City-St-Zip: NOKOMIS, FL 342751715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: GIRARD, ANTHONY W
Address: 2100 MISSION VALLEY BLVD
City-St-Zip: NOKOMIS, FL 342751715

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: ANTHONY W. GIRARD PRES 01/10/2009
Electronic Signature of Signing Officer or Director — Date