2008 FOR PROFIT CORPORATION

FILED Apr 17, 2008 8:00 am Secretary of State

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ANNUAL REPORT

DOCUMENT # P01000112584 RE PARTNERS TAMPA, INC. 40070328 Principal Place of Business Mailing Address 205-D REAS BRANDON BLVD. 205-D REAS BRANDON BLVD. BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 205-D East Brandon Blvd 205-D East Brandon Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 CR2E034 (12/06) Chg-P City & State City & State 4. FEL Number Applied For Brandon, FL 74-3022417 Brandon, Not Applicable Country USA Country USA ^{Zip} 33511 \$8.75 Additional 33511 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERMAN, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 952 WICKETRUN DRIVE BRANDON, FL 33510 Zip Code 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. RESIDENT Signature, typed or printed name of registerest agent and rate if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11 TITLE D ☐ Delete TITLE ☐ Change ■ Addition HERMAN, RICHARD C NAME NAME STREET ADDRESS 952 WICKETRUN DRIVE STREET ADDRESS BRANDON, FL 33510 CHY-S1-ZIP CHY-ST AP THLE De'ete Addition MAME NA ME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Addition HILL TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - S1 - ZIP ☐ Delete TITLE THE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST ZIP TITLE ☐ Change TITLE Delete ☐ Addition NAME ALC BUT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete THE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHY-ST ZIP 12. Thereby certify that the information supplied with this filling 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 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: 2