2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005491

Entity Name: EX24, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 200 PATRIOT WAY 200 PATRIOT WAY NAPLES, FL 34104 NAPLES, FL 34104 US **Current Mailing Address: New Mailing Address:** 200 PATRIOT WAY 200 PATRIOT WAY NAPLES, FL 34104 NAPLES, FL 34104 US FEI Number: 01-0713265 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: BYOUK, BETTE 200 PATRIOT WAY NAPLES, FL 34104 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: 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 LENNANE, JAMES P LENNANE, JAMES P Name: Name: 200 PATRIOT WAY 200 PATRIOT WAY Address: Address: NAPLES, FL 34104 US City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: Title: () Delete (X) Change () Addition BYOUK, BETTE Name: LENNANE, SUSAN K Name: 200 PATRIOT WAY 200 PATRIOT WAY Address: Address: NAPLES, FL 34104 NAPLES, FL 34104 US City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition BYOUK, BETTE Name: Name: 200 PATRIOT WAY Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: COO (X) Delete Title: () Change () Addition LINK, ANTHONY C Name: Name: Address: 200 PATRIOT WAY Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: (X) Delete Title: () Change () Addition PRUNIER, DAVID E Name: Name: 200 PATRIOT WAY Address: Address: City-St-Zip: NAPLES, FL 34104 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: BETTE BYOUK S 04/29/2009