2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2008 8:00 am Secretary of State **DOCUMENT # P02000013598** 03-24-2008 90056 031 ***150.00 1. Entity Name POINTHAUS, INC. Principal Place of Business Mailing Address 290 9TH ST. M. SUITE 203 290 9TH ST. N. Suite 203 66007274 ST. PETERSBURG, FL 33705 ST PETERSBURG, FL 33705 3. Mailing Address 400 Beach Dr. NE 2. Principal Place of Business - No P.O. Box # 400 Beach Dr NE Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 Chg-P CR2E034 (12/08) City & State City & State 4. FEI Number Applied For 41-2031327 Not Applicable Juntry \$8.75 Additional 5. Certificate of Status Desired 3) Ol Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCOY, JOHN C Street Address (P.O. Box Number is Not Acceptable) 400 Beach Pr. NE 2000 DEMARET DR **DUNEDIN, FL. 34698** + Ketersburg 9. 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. Signature 45 Tel or oring (NOTE: Registered Agent signature required when reinstance) tila d applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Bo Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE P/D C Coleta TITLE Change Addition 400 Beach Dr. NE #203 MCCOY, JOHN C NAME NAME STREET ADORESS 299-9TH: ST. N. STREET ADDRESS 33701 CITY-ST-ZIP ST PETERSBURG, FL 33705 33701 CITY-ST-ZIP TITLE ☐ Delete mp Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TRE Delete TITLE ☐ Change Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP MLE Delete nne ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-24P 12. I hereby 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.

FILED