## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 12, 2008 08:00 AN Secretary of State DOCUMENT # P02000022306 LABYRINTH CONSULTANTS, INC. Principal Place of Business Mailing Address 9679 CASA MAR CIRCLE 9679 CASA MAR CIRCLE FORT MYERS, FL 33919 FORT MYERS, FL 33919 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 01-0645673 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BECKER, KIMBERLY A DO NOT WRITE 9679 CASA MAR CIRCLE FORT MYERS, FL 33919 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent argesture required when reinstating) 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. П Added to Fees U000000350879 OFFICERS AND DIRECTORS 10. **PVSD** TITLE BECKER, KIMBERLY A NAME STREET ADDRESS 9679 CASA MAR CIRCLE CITY-ST-72P FORT MYERS, FL 33919 TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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

FILED '