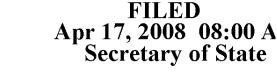
2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P02000026092



| BUONOMO MANAGEMENT SERVICES, INC. | | | | | | Secretary of Stat | | | | |
|--|---|---|--|--------------------|-------------------------------|--|---|----------------------|-------------------------|--|
| Principal Place of Business 1638 LEYBOURNE LOOP ZEPHYRHILLS FL 33543 | | | Mailing Artdress 1638 LEYBOURNE LOOP ZEPHYRHILLS FL 33543 | | | | | | | |
| 2. Principal f | Place of Busines | s - No P O. Box # | 3. Mailing Address | | | _} | 8 1 1 1 1 1 1 1 1 1 | 8 844 2005 1800 U | | |
| Suite, Apt. #. etc. | | | Suite, Apt. #, etc. | | | 1: | st MOORE CR2E03- | 4 (10/07) | | |
| City & State | | | City & State | | | 4. FEI Numi | ber 03-0414390 | | opiled For | |
| Zip Country | | | Zip Country | | ntry | 5. Certificate of Status Desired See Required Fee Required | | | | |
| | E Nama ar | ad Address of Curren | Dogistored Asset | opintored Apont | | | 7. Name and Address of New Registered Agent | | | |
| | o, Name ar | nd Address of Curren | negistereti Agent | | Name | /. Name an | u Address of New Registered | Agent | | |
| 165 | ONOMO, CH 58 LEYBOUF PHYRHILLS | HRISTOPHER - RNE LOOP EL 33543 | | | | (P.O. Box Number is Not Acceptable) | | | | |
| LLI | TTT WILLO | 1 2 33343 | City | | FL Zip Code | | | | | |
| | itions of registere | | | - | | | oth, in the State of Florida. I am | idilindi witi, | and accept | |
| After | ILE NOW!!! May 1, 2008 | FEE IS \$150.00 35 Fee Will Be \$550.0 lorida Department of |) | ore registri | od Agont a şimilləre recipira | a winer retries action gr | 9. Election Campaign Financ Trust Fund Contribution. | | 00 May Be ed to Fees | |
| 10. | | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS | CHANGES TO OFFICERS AN | D DIRECTOR: | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | CHRISTOPHER VILLE DRIVE | ☐ Devete | TITI NAI STE | LE | | , | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS City-St-ZIP | PTD BUONOMO, F 10929 NASH COOPER CIT | VILLE DRIVE | ☐ Derete | | į | | U00000902268 04/29/08-80100- | □ Change :023 150 | Addition 00 | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | □ De-ete | | 1 | | | ☐ Change | Addition | |
| TITLE HAME STREET ADDRESS GITY-ST-ZIP | | | □ Derete . | NAM STR | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ De⊹ale | | 1 | | | Change | Asdition | |
| TITLE NAME | | | ☐ Delete | IIII AAA | | | | Change | Addition | |

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this lepon 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 an other like empowered.

DITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR