2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2008 08:00 AM Secretary of State DOCUMENT # P02000032161 1. Entity Name JOHN RICH ENTERPRISES, INC. Principal Place of Business Mailing Address 1025 11 STREET OCEAN MARATHON FL 33050 1025 11 STREET OCEAN MARATHON FL 33050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/07) 1st MOORE City & State City & State 4. FEI Number Applied For 65-1139760 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICH, JOHN Street Address (P.O. Box Number is Not Acceptable) 1025 11TH STREET OCEAN MARATHON FL 33050 City 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. SIGNATURE Signature, typod or printed name of registered agent and litre-d applicable (NOTE Registered Agent e-gnature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **DPST** TITLE ☐ Delete TITLE Change ☐ Addition RICH, JOHN NAME NAME STREET ADDRESS 102511 ST OCEAN STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME 11000000835167 STREET ADDRESS STREET ADDRESS 02/29/08-80023-021 150.00 City-St-Zi2 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Délete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Deiele ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 any earliess, with all other like empowered.

SIGNATURE:

FILED