## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Secretary of State DOCUMENT # P02000075922 03-25-2008 90014 009 \*\*\*150.00 ROMANO INVESTMENT MANAGEMENT, INC. Principal Place of Business Mailing Address 744 N.E. 12TH TERR., #5 744 N.E. 12TH TERR., #5 BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11347 Front Beach Road 11347 Front Beach Road Suite, Apt. #, etc. Suite, Apt. #, etc. 02222008 CR2E034 (12/06) Cha-P 1001 1001 City & State City & State 4. FEI Number Applied For Panama City Beach, FL Panama City Beach, FL 01-0737907 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32407 32407 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHRYSTAL, NEIL R Street Address (P.O. Box Number is Not Acceptable) 550 BILTMORE WAY, STE. 810 CORAL GABLES, FL 33134 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. ୃ Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP DΡ TITLE ☐ Delete TITLE K Change Addition NAME GRIGGS, DIANE NAME Griggs, Diane STREET ADDRESS 744 N.E. 12TH TERR., #5 STREET ADDRESS 11347 Front Beach Road, #1001 CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-ZIP Panama City Beach, FL 32407 TITLE ☐ Delete TITLE Change ☐ Addition YEARTY, SANDRA NAME NAME Yearty, Sandra 3571 KILLARNY TRAIL STREET ADDRESS STREET ADDRESS 100 Club Drive, Suite 256 SNELLVILLE, GA 30039 CITY-ST-ZIP CITY-ST-ZIP Burnsville, NC 28714 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filing 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

Mar 25, 2008 8:00 am