2007 FOR PROFIT CORPORATION

Sep 13, 2007 8:00 am Secretary of State **ANNUAL REPORT** 09-13-2007 90001 031 ***150.00 DOCUMENT # P02000090972 JOSEPH SUMASKY, INC. Principal Place of Business Mailing Address 800 DESOTO AVE **800 DESOTO AVE** 50001770 LEHIGH ACRES, FL 33936 LEHIGH ACRES, FL 33936 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 914 Greenwood Suite, Apt. #, etc 09052007 CR2E034 (12/06) Applied For 4. EEL Number 05-0527561 Not Applicable \$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 LARROW, PAUL L Street Address (P.O. Box Number is Not Acceptable) 3501-312 DEL PARDO BLVD CAPE CORAL, FL 33904 City Zip Code FL 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 **\$5.00** мау Ве 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change DVST Addition TITLE ☐ Delete TITLE Sumasky, Joseph SUMASKY, JOSEPH NAME NAME 914 Greenwood Ave. STREET ADDRESS 800 DESOTO AVE STREET ADDRESS CITY-S1-2IP CITY-ST-ZIP LEHIGH ACRES, FL 33936 Addition TITLE ☐ Delete DILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THLE ☐ Change Addition TITLE NAME NAME

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 trusted 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED