FILED **2008 FOR PROFIT CORPORATION** Apr 17, 2008 08:00 Al Secretary of State ANNUAL REPORT DOCUMENT # P02000128541 PLANET FLIP, INC. Principal Place of Business Mailing Address 9424 BAYMEADOWS RD, STE 100 9424 BAYMEADOWS RD, STE 100 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 No Chg-P CR2E034 (11/05) 01042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4232912 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ROLFE, LAWRENCE C DO NOT WRITE 720 BLACKSTONE BLDG JACKSONVILLE, FL 32202 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME ROWLAND, CHARLES L 9424 BAYMEADOWS RD, STE 100 STREET ADDRESS JACKSONVILLE, FL 32256 CiTY+ST-7IP <u> Ubnooban1993</u> TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby 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.

SIGNATURE:

STREET ADDRESS CITY+ST+ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ale Daytime Phone #