## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Feb 19, 2008 8:00 am Secretary of State DOCUMENT # P02000133679 02-19-2008 90016 007 \*\*\*150 00 LAW OFFICE OF RICHARD D. KRISEMAN, P.A. Principal Place of Business -Mailing Address 5304 FIRST AVENUE NORTH 5304 FIRST AVENUE NORTH ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3491 Gandy Blid. No. 3491 Grandy Blud. No. 02112008 CR2E034 (12/06) 4. FEI Number Applied For 65-1167104 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRISEMAN, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 5304 FIRST AVENUE N ST PETERSBURG, FL 33710 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, \$5.00 May Be FILE NOW!!! FEE IS \$150.00 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 TITLE ☐ Delete TITLE Addition KRISEMAN, RICHARD D NAME 3491 Gardy Blud. No. #200 Pinellos Park FC 33781 NAME STREET ADDRESS 5304 FIRST AVE N STREET ADDRESS ST PETERSBURG, FL 33710 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 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 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP find does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with indicated on this report or supply mental report the corporation or the received trustee en changed, or on an attachmen

URE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED