FILED May 13, 2008 8:00 am Secretary of State 05-13-2008 90012 003 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

E. Name and Address of Courty E. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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 agent in obligations of registered agent. 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 age	1. Entity Narr	MENT # P0300001 ON CENTER REALTY, INC			
1819 11TH AVENUE N SAINT PETERSBURG, FL 33713 SAINT ACC. T. etc. O4222008 ChgP CR26034 (12/05) City & State City &	Principal Plac	e of Rusiness	Mailing Address		darass
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Suite, April 4, etc. Suite, April 4, etc. GAZZ2008 Chg.P CR2634 (12/06)	2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address	· ·	
Country Zip Country S. Certificate of Status Descried \$8.75 Andionous Per Required S. Name and Address of Current Registered Agent Name Status Descried \$8.75 Andionous Per Required S. Name and Address of Current Registered Agent Name Name Status Descried Per Required S. Name and Address of Status Descried Per Required S. Name and Address of Status Descried Per Required S. Name and Address of Status Descried Per Required S. Name and Address of Name Registered Agent Status Descried Per Required S. Name and Address of Name Registered Agent Status Descried Per Required S. Name and Address of Name Registered Agent Status Descried Per Required S. Name and Address of Name Registered Agent Status Descried Per Required S. Name and Address of Name Registered Agent Status Descried Per Required S. Name and Address of Name Registered Agent Status Descried Per Required S. Name and Address of Name Registered Agent Status Descried Per Required Status Descried Per	Suite, Apt. #, etc.		Suite, Apt. #, etc.		
S. Certificate of Status Desired \$6. Name and Address of Current Registered Agent \$7. Name and Address of Name Registered Agent \$7. Name and Address \$7. Name and Address of Name Registered Agent \$7. Name and Address \$7. Name and Name and Ad	City & State		City & State		
KAMBOURIS, STEVEN W 1819 11TH AVENUE, N SAINT PETERSBURG, FL 33713 B. The above named entity submits this sistement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept my debigations of registered agent. Signal Turk The above named entity submits this sistement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept my debigations of registered agent. Signal Turk TELE NOWILL FEE IS 5150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. DPS KAMBOURIS, STEVEN W THE NAME KAMBOURIS, STEVEN W THE NAME AND THE STEVEN W THE NAME THE N	Zip			Country	5. Certificate of Status Desired S8.75 Additional
Sinest Address (P.O. Box Number is Not Acceptable) City FL Zip Code I. 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 which chiligations of registered agent. SIGNATURE: City FL Zip Code		6. Name and Address of Curren	f Registered Agent	Name	7. Name and Address of New Registered Agent
City FL 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 Plorids. I am familiar with, and accept my chingsafores of ingistered agent. SIGNATURE SIGNATURE Street Advises Street Advises of Ingistered agent and death appearance. PELE NOWITI FEE IS \$150,000 9. Election Campaign Finencing Thus Fund Controlloon. Advised to Fees Thust Fund Controlloon. Advised to Fees Added to Fees	1819 11TH AVENUE, N			Street Address	s (P.O. Box Number is Not Acceptable)
B. The above named entity submits this statement for the purpose of changing its registated office or registated agent, or both, in the State of Florida. I am familiar with, and accept the problems of registated agent, or both, in the State of Florida. I am familiar with, and accept me active and in contact in the purpose of changing its registated office or registated agent, or both, in the State of Florida. I am familiar with, and accept me active agent and set in purpose of agent agent and set in purpose of agent agent agent agent agent. FILE NOWIII FEE IS \$150.00 After Mary 1, 2008 Fee will be \$550.00 9. Election Campaign Finencing Trust Fund Controlloon. 10. OFFICERS AND DIRECTORS IN 11 THE NAME KAMBOURIS, STEVEN W STERT ADDRESS CITY-51-29 THE NAME SIRE ADDR	•				E Zip Code
SIGNÂTURE Signature goed of phree same of regulated aport and like 1 appealable. INSTE. Regulated Aport synous required when rendating) DATE	8. The above	named entity submits this statement	for the purpose of changing its i	registered office or regist	
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILL MAKE KAMBOURIS, STEVEN W STRET ADDRESS MAKE		· 4	nt and title if applicable. (NOTE	: Registered Agent algnature requi	rod when (circlaing) DATE
TITLE DPS	FIL After M	E NOWIII FEE IS \$150.00 ny 1, 2008 Fee will be \$550			
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MAKE KOLODZIEJ, JOSEPH G SIREH ADDRESS CITY-ST-ZIP LARGO, FL 33777 Delete MAKE Delete MAKE STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Change Addition Addition Addition Change Addition	NAME STREET ADDRESS	KAMBOURIS, STEVEN W 1819 11TH AVENUE, N		NAME STREET ADDRESS	Charge Divinion
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NAME STREET ADDRESS CITY-ST-ZP 12. I horoby 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 it changed, or on an attachment with an accress, with all other like empowered. SIGNATURE:	NAME Street adoress		☐ Celete	NAME STREET ADDRESS	· Change Addition
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	indicated of the co- changed	on this report or supplemental report poration or the receiver or trustee em, or on an attachment with an address	is frue and accurate and that me powered to execute this report is, with all other like empowered.	ny signature shall have the sar required by Chapter 6	e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 il