2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90112 046 ***150.00

DOCUMENT # P03000111348

1. Entity Name
E-LIMB-INATORS, INC.

Principal Place of Business	Mailing Address
21653 W. SHEKINAH PLACE O'BRIEN FL 32071	21653 W. SHEKINAH PLACE O'BRIEN FL 32071

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9351 - 220th Street	9351 - 220th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
O'Brien, FL	O'Brien, FL
Zip: 32071 / Country: USA	Zip: 32071 / Country: USA

1st MOORE CR2E034 (10/07)

4. FEI Number 75-3132149 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERRY, MILLICENT D 21653 W. SHEKINAH PLACE O'BRIEN FL 32071	Name: Millicent D. Perry Street Address (P.O. Box Number is Not Acceptable): 9351 - 220th Street City: O'Brien FL Zip Code: 32071

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: Millicent D Perry — Millicent D. Perry — 02/01/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	HUDSON, GLENDA	NAME	Glenda S. Hudson
STREET ADDRESS	21653 W. SHEKINAH PLACE	STREET ADDRESS	9351 - 220th Street
CITY-ST-ZIP	O'BRIEN FL 32071	CITY-ST-ZIP	O'Brien, FL 32071
TITLE	VP ☐ Delete	TITLE	VP ☒ Change ☐ Addition
NAME	HUDSON, JOHN K	NAME	John K. Hudson
STREET ADDRESS	21653 W SHEKINAH PL	STREET ADDRESS	9351 - 220th Street
CITY-ST-ZIP	O BRIEN FL 32071	CITY-ST-ZIP	O'Brien, FL 32071
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-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-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John K. Hudson — John K. Hudson - V.Pres. — 02/01/08 — 386-935-1993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #