2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000117084 03-13-2008 90039 035 ***150.00 1. Entity Name H2O AD GROUP INC. Principal Place of Business Mailing Address 40044240 300 BELAIRE COURT 300 BELAIRE COURT PUNTA GORDA, FL 33950 US PUNTA GORDA, FL 33950 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 97 Tropicana Orive 97 Tropicana Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 02072008 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Punta Gorda, Printa Gorda 57-1193221 Not Applicable Zip 33950 \$8.75 Additional 5. Certificate of Status Desired Charlotte Charlotte 33950 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Edward L. Hendrix, Jr HENDRIX, EDWARD L JR Street Address (P.O. Box Number is Not Acceptable) 300 BELAIRE COURT PUNTA GORDA, FL 33950 97 Tropicana Drive 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 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES TITLE ☐ Delete TITLE Change ☐ Addition Edward L. HendriggTr. HENDRIX, EDWARD L JR NAME NAME 300 BELAIRE COURT STREET ADDRESS STREET ADDRESS 97 Tropicana Ori CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP Punta Gorda, FL 33950 ☐ Delete TITLE TITLE Change ☐ Addition melissa R. Hendrix NAME HENDRIX, MELISSA R NAME 97 Tropicana Dr. STREET ADDRESS 300 BELAIRE COURT STREET ADDRESS PUNTA GORDA, FL 33950 CITY-ST-ZIP CITY-ST-ZIP Punta Gorda, FL 33950 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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. Thereby 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 Afforder like empowered.

ED NAME OF SIGNING OFFICER OR D

FILED Mar 13, 2008 8:00 am