2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Apr 24, 2008 8:00 am Secretary of State DOCUMENT # P03000135602 04-24-2008 90098 034 ***150 00 1 Entity Name SUBSIRIUS, INC. TUULUUTA Principal Place of Business Mailing Address 4601 EAST HWY 100 15 WEDGE LN SUITE G1 PALM COAST, FL 32164 BUNNELL, FL 32110 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 01252008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 34-1977185 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'CONNOR, SUSAN L Street Address (P.O. Box Number is Not Acceptable) 15 WEDGE LN PALM COAST, FL 32164 Zip Code City 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 revisitating) DATE \$5.00 May Be 9. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Defete TITLE Change Addition O'CONNOR, SUSAN L NAMÉ NAME STREET ACCRESS 15 WEDGE LN STREET ADDRESS CHY-S1-ZIP PALM COAST, FL 32164 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY+SE-7IP TITLE ☐ Delete Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP THILE Delete DILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZiP CiTY-ST-ZIP ☐ Change ☐ Addition THE Delete THE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE 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 logal 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

NING OFFICER OR DIRECTOR

FILED