2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P03000140707 Mar 07, 2007 08:00 AM Secretary of State 1. Entity Namo RICHARD E ERWIN INC Mailing Address Principal Place of Business 8114 ROGERS PLACE 8114 ROGERS PLACE WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL 33544 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2957544 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELLUSO, MARK A Street Address (P.O. Box Number is Not Acceptable) 5011 ALLEN ROAD ZEPHYRHILLS FL 33541 City 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 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 Agont signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ΡD Addition THEF ☐ Change Delete TIME ERWIN, RICHARD E NAME NAME U00000658544 8114 ROGERS PLACE STREET ADDRESS STREET LADORESS 03/15/07-80042-023 150.00 WESLEY CHAPEL FL 33544 CITY-ST-ZIP CITY-ST-7IP DR 11111 ☐ Delete TILLE ☐ Change Addition ERWIN, ANDREA NAMI NAME 8114 ROGERS PLACE STREET ADDITESS STREET ADDRESS WESLEY CHAPEL FL 33544 CITY-ST-ZIP CITY ST-7IP TITLE ☐ Delete THILE ☐ Change Addition NAME NAMe STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP Ш ☐ Delete ☐ Adddion MIR ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7(P CHY-SI-ZIP TITLE Detete THEF □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos, I further certify that the information

indicated on this report or supplemental roport is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver or trusted 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:

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