2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # P03000141566** 02-18-2008 90001 046 ***150.00 RICHARD JAMES & COMPANY, INC. 40026213 Principal Place of Business Mailing Address 3170 N FEDERAL HIGHWAY 665 SE 10TH STREET SUITE 201 103-H LIGHTHOUSE POINT, FL 33064 DEERFIELD BEACH, FL 33441 Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-0443543 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICRESCENZO, ANGELA D Street Address (P.O. Box Number is Not Acceptable) 665 SE 10TH ST 201 DEERFIELD BEACH, FL 33441 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, 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 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PV. TITLE ☐ Delete TITLE □ Change ☐ Addition TAULMAN, JAMES NAME NAME STREET ADDRESS 3170 N FEDERAL HIGHWAY - 103-H STREET ADDRESS LIGHTHOUSE POINT, FL 33064 CJTY - ST - 7IP CITY-ST-ZIE 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 ☐ Delete TITLE ■ Addition TITLE Chance NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 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 all other like empowered.

FILED Feb 18, 2008 8:00 am

Davtime Phone #