2008 FOR PROFIT CORPORATION

Apr 29, 2008 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P03000145819** 1. Entity Name STAN DUDLEY, INC. Principal Place of Business Mailing Address 15392 S.E. 142ND COURT WEIRSDALE, FL 32195 P. O. BOX 597 WEIRSDALE, FL 32195 02252008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 83-0399902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUDLEY, STANLEY R DO NOT WRITE 15392 S.E. 142ND COURT WEIRSDALE, FL 32195 IN THIS SPACE 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, typod or printed name of registered agent and little 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 \$550.00 020 150.00 OFFICERS AND DIRECTORS 10. DUDLEY, STANLEY R NAME STREET ADDRESS 15392 SE 142ND COURT CITY-ST-ZIP WEIRSDALE, FL 32915 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR

FILED