2008 FOR PROFIT CORPORATION

SIGNATURE

ANNUAL REPORT (AR) Feb 13, 2008 8:00 am Secretary of State DOCUMENT # P04000019456 1. Entity Name 02-13-2008 90019 042 ***150.00 SERPO INCORPORATED Principal Place of Business Mailing Address 2285 PRIMROSE LANE APT 2013 2285 PRIMROSE LANE APT 2013 CLEARWATER FL 33763 CLEARWATER FL 33763 2. Principal Place of Business - No P.C. Box # 3. Mailing Address 2523 Marina Kou 1st MOORE CR2E034 (10/07) .orwater Applied For 4. FE! Number 42-1616224 Not Applicable 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 GASSMAN, ALAN S 1245 COURT STREET STE 102 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 33756 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. Sagnature, typed or printed name of registered agent and tale if amplicacio. (IVOTE: Registrated Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State: 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition SERPO, RALPH III Scroo Rabh 111 MANAG NAME 2285 PRIMRQSE LANE APT 2013 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33763 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Defete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-ZIP ☐ Delete TOTAL TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiele ☐ Change Addition STREET ADDRESS STREET ADDRESS CHY-ST-ZIE CffY-S1-7(P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71F 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 of trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11

FILED