


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90003 001 \*\*\*150.00

<b>DOCUMENT # P04000024526</b>		
1. Entity Name NOTION, INC.		

Principal Place of Business 10490 GANDY BLVD ST PETERSBURG, FL 33702-2395	Mailing Address 10490 GANDY BLVD ST PETERSBURG, FL 33702-2395
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40046666



03132008 Chg-P CR2E034 (12/06)

4. FEI Number 20-0798025	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MIAMI CENTER REGISTERED AGENETS LLC 201 S BISCAYNE BLVD STE 1700 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
City _____	
FL	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALDWELL, JOHN		NAME		
STREET ADDRESS	10490 GANDY BLVD		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 337022395		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALDWELL, VINCENT		NAME		
STREET ADDRESS	10490 GANDY BLVD		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 337022395		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HLAS, STEPHEN		NAME		
STREET ADDRESS	10490 GANDY BLVD		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 337022395		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEAVER, VEY		NAME		
STREET ADDRESS	10490 GANDY BLVD		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 337022395		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHASSEN, JON		NAME		
STREET ADDRESS	10490 GANDY BLVD		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 337022395		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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.

SIGNATURE:  **Stephen Hlas** 3-14-08 (727) 812-3220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #