2008 FOR PROFIT CORPORATION

Apr 09, 2008 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # P04000036482** 1. Entity Name ---ANN TILTON, P.A. Principal Place of Business Mailing Address 219 ZARCHARY WADE STREET 219 ZACHARY WADE STREET WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 04052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0776836 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TILTON, CATHERINE A DO NOT WRITE 219 ZACHARY WADE STREET WINTER GARDEN, FL. 34787 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. FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 100000007479 OFFICERS AND DIRECTORS 10. 04/21/08-80022-001 150.00 PRES TITLE NAME TILTON, CATHERINE A PRESIDE STREET ADDRESS 219 ZACHARY WADE STREET CITY-ST-7IP WINTER GARDEN, FL 34787 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP mu NAME

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:

STREET ADDRESS CITY-ST-ZIP

FILED