2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 04, 2008 08:00 AN DOCUMENT # P04000064412 Secretary of State RAYMOND SANTIAGO P.A. SERVICES, INC. Principal Place of Business Mailing Address 18 BIRCHBARK LN 18 BIRCHBARK LN PALM COAST, FL 32137 PALM COAST, FL 32137 01202008 No Chg-P . CR2E034 (11/05) DO NOT WRITE IN THIS SPACE FEI Number Applied For 20-4229263 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANTIAGO, RAYMOND DO NOTWRITE 18 BIRCHBARK LN PALM COAST, FL 32137 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, typed or printed name of registered agent and title if applicable (NOTE: Ranistered Agent signature required when reinstation) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SANTIAGO, RAYMOND NAME STREET ADDRESS 18 BIRCHBARK LN PALM COAST, FL 32137 CITY-ST-ZIP 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

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 be 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 add

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP