2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State 01-31-2008 90016 013 ***150.00 DOCUMENT # P04000079312 1. Entity Name 1611 PLATT STREET PARTNERS, INC. duntan Principal Place of Business Mailing Address 1611 WEST PLATT ST 1611 WEST PLATT ST TAMPA, FL 33606 TAMPA, FL 33606 3. Mailing Address 8381 GLUNN HIGNUXU 2. Principal Place of Business - No P.O. Box # 8381 Gunn Highwa Suite, Apl. #, etc Suite, Apt. #, etc. 01282008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Fiorida Florida 1amoa, 1 CUMPA 20-1135993 Not Applicable \$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 Freemon FREEMON, BOB G ess (P.O. Box Number is Not Acceptable) 1611 WEST PLATT STREET TAMPA, FL 33606 Tampa purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the obligations of restered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be \Box After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE President □ Defete TITLE Channe Rob Freemon 2381 Gunn Highway NAME FREEDOM, BOB NAME 1611 WEST PLATT STREET STREET ADDRESS STREET ADDRESS Tampa, Florida 33626 TAMPA, FL 33606 CITY-ST-ZIP CITY - ST - ZIP Delete TITLE TITLE ☐ Change ☐ Addition FREEMON, BOB NAME NAME 1611 WEST PLATT STREET STREET ADDRESS STREET ADDRESS CITY-ST-7iP TAMPA, FL 33606 CITY-ST-ZIP ☐ Delete Secretary. Treasurer TITLE TITLE Change ☐ Addition Susan Freemon 8381 Gunn Highway FREEMON, SUSAN H NAME NAME STREET ADDRESS 1611 WEST PLATT STREET STREET ADDRESS Tampa, Florida -33626 TAMPA, FL 33606 CITY-ST-ZiP CITY-ST-7IP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with J his fling 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee employered 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 31, 2008 8:00 am

(813)926-0777

Daytime Phone #