2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 06, 2007 8:00 am **DOCUMENT # P04000082326 Secretary of State** 02-06-2007 90007 028 ***150.00 JOHŃ J. SADLER, E.A., P.A. Principal Place of Business Mailing Address 482 N FRESNO AVE 482 N FRESNO AVE HERNANDO, FL 34442 HERNANDO, FL 34442 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2294 E. MARCIA ST. Suite, Apt. #, etc. 2294 E. MARCIA ST. Suite, Apt. #, etc. 01232007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For INVERNESS INVERNESS 33-1093036 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SADLER. JOHN J. SADLER, JOHN J 482 N FRESNO AVE Street Address (P.O. Box Number is Not Acceptable) 2294 E. MARCIA HERNANDO, FL 34442 Zip Code 34453 INVERNESS 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: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT TITLE Delete TITLE SADLER, JOHN J NAME NAME SADLER, JOHN J. LY 94 E. MARCIA ST. INVERNESS, FL 3445 STREET ADDRESS 482 N FRESNO AVE STREET ADDRESS CITY-ST-ZIP HERNANDO, FL 34442 CITY-ST-ZIP DVS TITLE TITLE DADE E. NAME SADLER, DADE E NAME 2294 É, MARCIA STREET ADDRESS 482 N FRESNO AVE STREET ADDRESS HERNANDO, FL 34442 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7tP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CICNIATIOE. John J. Sulla John J. Sadler, President 1/31/2007 352-726-4619

FILED