2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2008 08:00 AN Secretary of State

| Million Address of Services RADO 49.5 SE, MONTERPE RADO 511JART, FL. 34994 US 11JART, FL. 34994 US 12. Princips-Place of Business: No.P.O. Box # 12. Princips-Place of Business: No.P.O. Box # 13. Million Aparts Students: No.P.O. Box # 14. FER Number 15. Stude, Apt. #, etc. 15. Stude, Apt. #, etc. 16. Name and Address of Current Registered Agent 17. Name and Address of New Registered Agent 18. The above in-med antity submits the seatments for the purches of changing is: registered Agent of New Registered Agent 18. The above in-med antity submits the seatments for the purches of changing is: registered Agent of New Registered Agent 19. Street Address of New Regis | 1. Entity Nam | ne | # P040008 TACKLE INC. | 8480 | | | | 5 | Secreta | ry (| of Sta |
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| Sche, Apt. 4, etc. City & State | 494 S.E. MO | NTEREY RO | AD | 494 S.E. MONTEREY ROAD | | | | | | | |
| City & State Ci | 2. Principal F | Place of Busi | ness - No P.O. Box# | 3. Mailing Add | dress | | | | | | |
| Zip Country Zip Country Signature Agent Signature Agent State Desired State Desired State Desired Signature Agent Signature Agent State Desired Signature Agent Signature Agent State Desired Signature Agent | Suite, Apt. | #, etc. | | Suite, Apt. | #, etc. | | 01052008 | Chg-P | CR2E034 (1 | 2/06) | |
| SCHROEDER, JENNIFER 4889 SW WADE ROAD PORT ST. LUCIE, FL 34953 6. The above named exits submits this subtemor. for the purpose of changing its registered algert, or both, in the State of Florida. I am familiar with, and accept me collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept me collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept me collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept me collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept me collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept me collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept me collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept me collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept me collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept me collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept me collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept me collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept me collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept me collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept me collegations of registered agent, or both, in the State of Florida. FLE NOWIII FEE IS \$150.00 | City & Stat | 19 | | City & State |) | | | | | | |
| SCHROEDER, JENNIFER 4889 SW WADE ROAD PORT ST. LUCIE, FL 34953 8. The above named entity submits this statement for the purpose of chenging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the holigations of registered agent, or both, in the State of F | Zip | | Country | Zip | Cou | intry | <u> </u> | | Fee F | Require | |
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| After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE P | SIGNATURE. | Signature, types | d or printed name of registered ager | it and title if applicable. | (NOTE: Register | red Agent signature requi | red when reinstating) | | DATE | | |
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| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytimo Phone # | SIGNAT | URE: - | SIGNATURE AND TYPED OR | | | CTOR | 0 . | 4/15/08 Pate | 712 -2. | 20-0 Phone # | 490_ |