## 2008 FOR PROFIT CORPORATION

**FILED** ANNUAL REPORT Feb 25, 2008 08:00 AM Secretary of State **DOCUMENT # P04000103811** ELLWOOD, INCORPORATED Principal Place of Business Mailing Address 7200 S. US HIGHWAY ONE 7200 S. US HIGHWAY ONE PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34952 DO NOT WRITE IN THIS SPACE 02192008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 06-1734107 Not Applicable 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELLWOOD, ERIC DO NOT WRITE 7200 S. US HIGHWAY ONE PORT ST. LUCIE, FL 34952 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000836470. **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 03/04/08-80018-024 150.00、 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ELLWOOD, ERIC NAME STREET ADDRESS 7200 S. US HIGHWAY ONE CITY-ST-ZIP PORT ST. LUCIE, FL 34952 TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP