2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE BIGNATURE AND TYPED OF ERRITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 05, 2008 08:00 AN Secretary of State

| | AIIII | | | | = | Sacratary of St |
|--|---|---|--------------------|---------------------------|--------------------------|--------------------------------------|
| 1. Entity Nam | MENT # P040001194 ND CORP. | . · · · · · · · · · · · · · · · · · · · | | | | Secretary of St |
| Principal Plac | ce of Business | Mailing Address | | | | |
| 317 AVALON | | 317 AVALON BLVD. | | | | |
| DESTIN, FL | 32550 | DESTIN, FL 32550 | | | | |
| | | | | | | |
| | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | CE | 04072008 4. FEI Numb | No Chg-P | CR2E034 (11/05) Applied For |
| | | | | 20-159 | | Not Applicable |
| | | • | | 5. Certificate | of Status Desired | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | | 1 | | ree nequired |
| C. Name and Address of Control of | | | | | • | |
| PETERMA | | DO | NOT W | RITE | | |
| 25 NE WALTER MARTIN ROAD FORT WALTON BEACH, FL 32548 | | | | | | |
| · · | | | | IN | THIS SF | ACE |
| | • | | | | : | |
| 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 | | | | | | |
| | | | | .00 May Be fed to Fees | | |
| 10. | OFFICERS AND DII | RECTORS | | | | |
| TITLE | D IANIAS EDWARDS | | | | Honor | 10949750 |
| NAME STREET ADORESS | JANAS, EDWARD S 317 AVALON BLVD. | | | | 00000 | :0343130 3-80039-020 150.00 |
| CITY-ST-ZIP | DESTIN, FL 32550 | | j | | The second second second | , oppose the second |
| TITLE | | | 1 | | | |
| NAME OTTOGET ADDRESS | | | | | • | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE | | | 1 | | | |
| NAME | | • | | | | |
| STREET ADORESS CITY-ST-ZIP | | | | DO | NOT W | RITE |
| TITLE | | | - | | | |
| NAME | | | | IIV | THIS SF | ACE |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | - | | | |
| TITLE NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | |] | | • | • |
| TITLE - | | | | | | |
| NAME CTREET ADDRESSE | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | |
| | certify that the information supplied with th | s filing does not qualify for the ex | emptions contained | in Chapter 11 | 9, Florida Statutes. I | further certify that the information |
| 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 eath, 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. | | | | | | |

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650-685-3391