2008 FOR PROFIT CORPORATION

Apr 28, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000128406 04-28-2008 90344 031 ***150.00 ABC BAIL BONDS, INC. Mailing Address Principal Place of Business 2188 MAIN STREET P.O. BOX 49585 SARASOTA, FL 34230 SUITE A SARASOTA, FL 34237 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04142008 Chg-P Applied For 4. FEI Number City & State City & State 20-1601740 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEIDING, MARVIN K Street Address (P.O. Box Number is Not Acceptable) 408 Worterside Lane 2188 MAIN STREET SUITE A SARASOTA, FL 34237 Zip Code 34275 Nokomis 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? 4/25/08 SIGNATURÉ (NOTE: Registered Agent signature required when reinstating) 9. Lection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11 Change ☐ Addition TITLE ☐ Delete TITLE NAME STEIDING, MARVIN K NAME 408 Waterside Lane STREET ADDRESS STREET ADDRESS 2188 MAIN STREET SUITE A NOKOMIS, FL 34275 CITY-ST-7IP SARASOTA, FL 34237 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-7IP Delete TETL F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 trusted 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

SIGNATURE:

CER OR DIRECTOR

FILED