2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2008 08:00 AN Secretary of State **DOCUMENT # P04000154059** 1. Entity Name SLIPSTREAM, INC. Principal Place of Business Mailing Address 3328 DUDLEY STREET 3328 DUDLEY STREET SARASOTA FL 34235 US SARASOTA FL 34235 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #. etc. Suite Apt. #, utc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For City & State 20-1907488 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, KENNETH N Street Address (P.O. Box Number is Not Acceptable) 3328 DUDLEY STREET SARASOTA FL 34235 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or coth, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE ... Signature, typed or minred leann of registered alternative title flampicable (NOTE: Registered Agent's greature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing, \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trest Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE De-etc TITLE Charage Addition NAME SMITH, KENNETH N NAME STREET ADDRESS STREET ADDRESS 3328 DUDLEY STREET CITY+ST-78° CITY ST-ZIP SARASOTA FL 34235 TITLE S/T De-ete TITLE Change Addition NAME SMITH, KENNETH N NAME U00000810935 STREET ADDRESS 3328 DUDLEY STREET STREET ADDRESS 02/11/08-80006-016 150.00 CHY-ST-70 SARASOTA FL 34235 CHY-ST-ZIP THEE Detete THILE Change Addition MAME HADE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/2 ☐ Change ☐ Addition THE C ☐ De ele THILE HAM." NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 011Y-51-71P De ete ☐ Change Addition TITLE THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP OTY-ST- 7P ___ Addition De ete Change TIFLE THE MAME. HAME STREET ADDRESS STREET ADDRESS CITY OF ZIP CHY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 indirect, with all other like expressions.

SIGNATURE: _

SIGNATURE AND TYPED OF

FILED