2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158380

Entity Name: DARLENE PRATT ENTERPRISES INC.

LOXAHACTHEE, FL 33470 US

City-St-Zip:

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 17915 ORANGE GROVE BLVD. LOXAHATCHEE, FL 33470 **Current Mailing Address: New Mailing Address:** 17915 ORANGE GROVE BLVD. LOXAHATCHEE, FL 33470 US FEI Number: 05-0609758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRATT, DARLENE 17915 ÓRANGE GROVE BLVD. LOXAHACTHEE, FL 33470 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete () Change () Addition PRATT, DARLENE Name: Name: 17915 ORANGE GROVE BLVD Address: Address: City-St-Zip: LOXAHACTHEE, FL 33470 US City-St-Zip: Title: VICE () Delete Title: () Change () Addition Name: BAUM, JAMES H Name: 17915 ORANGE GROVE BLVD. Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE PRATT PRES 04/25/2008