## 2007 FOR PROFIT CORPORATION. **ANNUAL REPORT (AR)**

## **FILED** Apr 23, 2007 08:00 AM Secretary of State DOCUMENT # P04000164633 1. Entity Name AUGMENTATIVE RESOURCES INC. Principal Place of Business Mailing Address 8331 EPICENTER BLVD. 8331 EPICENTER BLVD. LAKELAND FL 33809 LAKELAND FL 33809 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt #, etc Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Numbor 20-1976876 Not Applicable Zip Country 710 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 MORGAN, HARMON P Street Address (P.O. Box Number is Not Acceptable) 8331 EPIČENTER BLVD LAKELAND FL 33809 City Zip Code 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, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 nneDelete BHT ☐ Change ☐ Addition MILLER, CHERYL NAMi' NAME U00000727035 8331 EPICENTER BLVD STREET ADDRESS STREET ADDRESS 05/04/07-80032-008 150.00 LAKELAND FL 33809 CHY-S1-7IP CITY-ST-7IP HILL. Defete BHI Change Addition MORGAN, LYDIA A NAME NAME 8331 EPICENTER BLVD STREET ADORESS STREET ADDRESS LAKELAND FL 33809 CITY-ST-ZIP City St-709 шиг Deleta 🗆 ще ☐ Stange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILC Delete ☐ Change Addition NAMI STREET ADDRESS STREET ADORESS COY+ST-7/P CITY-51-7IP HITLE Delete Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY+ST-7IP CHY+SL-7P THE ☐ Delete HILL ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-SI-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 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. H.P. MORGAN 2-6-07 8639843912 SIGNATURE: