2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000009700

Entity Name: THIS DAY ON, INC

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 160 BISCAYNE AVENUE TAMPA, FL 33606 **Current Mailing Address: New Mailing Address:** 160 BISCAYNE AVENUE TAMPA, FL 33606 FEI Number: 20-2188436 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: SUTTON, JOHN 160 BISCAYNE AVENUE TAMPA, FL 33606 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: () Delete Title: () Change () Addition SUTTON, JOHN Name: Name: 160 BISCAYNE AVENUE Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: SUTTON, CYNTHIA Name: 160 BISCAYNE AVENUE Address: Address: TAMPA, FL 33606 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SUTTON, JOSHUA Name: Name: 160 BISCAYNE AVENUE Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: Title: () Delete Title: () Change () Addition SUTTON, JOHN B II Name: Name: Address: 160 BISCAYNE AVENUE Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: Title: Title: () Delete () Change () Addition ARD, TAYLOR Name: Name: 2219 TWILIGHT DRIVE Address: Address: City-St-Zip: VALRICO, FL 33594 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: JOHN SUTTON P 04/30/2008