2008 FOR PROFIT CORPORATION

May 02, 2008 8:00 am Secretary of State ANNUAL REPORT 05-02-2008 90148 021 ***150.00 DOCUMENT # P05000012106 DEBÓRAH MARIE LONDON, P.A. 40000000 Principal Place of Business Mailing Address 2829 NE 33 CT. 101QO W. SAMPLE RD. #601 FT. LAUDERDALE, FL 33306 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 20-2710674 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARK I. INGBER, CPA, P.A. Street Address (P.O. Box Number is Not Acceptable) 10100 W. SAMPLE RD. STE: 326 CORAL SPRINGS, FL 33065 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST ☐ Change Addition TITI F ☐ Delete TITLE NAME LONDON, DEBORAH M NAME STREET ADDRESS 2829 NE 33 CT. 601 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33306 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAM

FILED