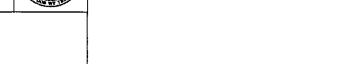
2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCMENT # P05000012972 THE LAW OFFICE OF CHET ELIOT WEINBAUM, P.A. Principal Place of Business Mailing Address 207 ATLANTIC AVENUE 207 ATLANTIC AVENUE FORT PIERCE, FL 34950 FORT PIERCE, FL 34950

FILED Apr 04, 2008 08:00 AN Secretary of State

Davrime Phone #



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01082008 No Chg-P CR2E034 (11/05)

| 4. FEI Number 90-0227786 | Applied For Not Applicable | | |
|----------------------------------|-----------------------------------|--|--|
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent

LITT, STEVEN A 7131 HAWK VIEW TRAIL PORT ST. LUCIE, FL 34986

the obligations of registered agent.

SIGNATURE

DO NOT WRITE IN THIS SPACE

operation distribution

| SIGNATURE | | | | | | | | |
|---|--|--|---------------|--------------------------------|---------------------|------------------------------|-----------|--|
| | Signature, typed or printed name of registered agent and title it | required when reinstating) | slating) DATE | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | 000000 04/15/08- | 8805 <u>8</u> 9 80067-010 | 150.00 | |
| 10. | OFFICERS AND DIREC | TORS | 和為供信息的 | | | aga jarga sist | MUCCEPHIE | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | P WEINBAUM, CHET E 7208 MYSTIC WAY PORT ST. LUCIE, FL 34988 | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WEINBAUM, SUSAN 7208 MYSTIC WAY PORT ST. LUCIE, FL 34986 | | | | | | | |
| TITLE NAME STREET ADDRESS CITY+ST+ZIP | | | | DO | NOT V | /RITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | THIS SI | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| 12. I hereby certify that the information supplied with this filling 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 of 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. | | | | | | | | |

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