2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

Principal Place of Business Mailing Address FO BOX 61933 PALM BAY, FL 32949 US PO BOX 61933 PALM BAY, FL 32906 US 3. Mailing Address IS 9 Lot S. W. 143 M LO Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Kendall Tond City & State Kendall Tond Country 32ip 32ip 32ip 32ip 32ip 4. FEI Number 20-2340048 Applied For Not Applied being Suite Apt. #, etc. Country 33 M Lourd Country 34. FEI Number 20-2340048 Not Applied For No
2. Principal Place of Business - No P.O. Box # 159(b) S. W. 143 1/2 C. Suite, Apt. #, etc. City & State Kendall Zip Country 3. Mailing Address 159(b) S. W. 143 1/2 C. City & State Kendall Zip Country
Suite, Apt. #, etc. O2062008 Chg-P CR2E034 (12/06) Applied For 20-2340048 Not Applied For 20-2340048 Step 33 19 6 Step 34, FEI Number 20-2340048 Step 35. Certificate of Status Desired 38.75 Additional Fee Required Fee Required To Name and Address of New Registered Agent Name 10 19 19 19 19 19 19 19 19 19 19 19 19 19
Suite, Apt. #, etc. O2062008 Chg-P CR2E034 (12/06) Applied For Not Applicable Not Applicable Stochard Status Desired Status Desired
Suite, Apt. #, etc. Suite, Apt. #, etc. O2062008 Chg-P CR2E034 (12/06) City & State Kendall Ford City & State Kendall Ford Zip 33 19 6 Country Country 1 S. Certificate of Status Desired Fee Required Fee Required Name LEVERMORE, MONIQUE A 5634 CYPRESS CREEK DRIVE GRANT, FL 32949 City & State City & State City & State Country Country To Name and Address of New Registered Agent Name LEVERMORE, MONIQUE A Street Address (P.O. Box Number is Not Acceptable) 1 Sirved Address (P.O. Box Number is Not Acceptable) 1 Sirved Address (P.O. Box Number is Not Acceptable) 1 Sirved Address (P.O. Box Number is Not Acceptable) City & Country Country Status Desired Not Applied For Not
Kendall Ford Kerdall For Jac 20-2340048 Not Applicable Zip 33 19 6 L.S.A 33 19 C.S.A 33 19 C.S.A Salar Seried of Status Desired Series Series Series Agent LEVERMORE, MONIQUE A 5634 CYPRESS CREEK DRIVE GRANT, FL 32949 City Country S. Certificate of Status Desired Series Status Desired Series Series Agent Name L.S.A Salar Series Agent Name L.S.A Street Address of New Registered Agent Name L.S.A Street Address (P.O. Box Number is Not Acceptable) 159 (L.S.A Street Address (P.O. Box Number
Zip 33 19 6 Country 1 S.A 33 19 C Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVERMORE, MONIQUE A 5634 CYPRESS CREEK DRIVE GRANT, FL 32949 City and Country Country 5. Certificate of Status Desired Fee Required Fee Required Street Address of New Registered Agent Name LCUERMORE, MONIQUE A Street Address (P.O. Box Number is Not Acceptable) 159 LEVERMORE, MONIQUE A Street Address (P.O. Box Number is Not Acceptable) 159 LEVERMORE City and Country City and Country The Country Street Address of Status Desired Fee Required Fee Requir
LEVERMORE, MONIQUE A 5634 CYPRESS CREEK DRIVE GRANT, FL 32949 Street Address (P.O. Box Number is Not Acceptable) 15961 S.W. 143 4 L.A. City Code 33796
LEVERMORE, MONIQUE A 5634 CYPRESS CREEK DRIVE GRANT, FL 32949 City Code 33796
Cityendall FL Zip Coode 3 3/96
cherdal FL 33,96
B. The above general entity of homite this atomaca for the graness of abanding its registered affice or registered exact or both in the State of Elevide. Law (emilies with and appear)
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 lamillar with, and accept the obligations of registered agent.
SIGNATURE MARLULI MOS. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P.D Delete TITLE P.D Schange Addition NAME LEVERMORE, MONIQUE A NAME LEVERMORE, MONIQUE A
NAME LEVERMORE, MONIQUE A STREET ADDRESS P. O. BOX 61933 NAME LEVERMORE, MONIQUE A STREET ADDRESS STREET AD
CITY-ST-ZIP PALMBAY, FL 32906 CITY-ST-ZIP Kendall Revide 33196
THE VPD Delete THE VPD
NAME BARTOLONE, MARK A STREET ADDRESS PO BOX 61933 NAME BARTOLONE, MARK A STREET ADDRESS 15961 5. W. 143 4.
CITY-ST-ZIP PALM BAY, FL 32906 CITY-ST-ZIP Kendaly 12 33196
TITLE VPD Delete TITLE VPD Section Addition
NAME LEVERMORE, OSWALD SIREET ADDRESS 14865 SW 166TH ST NAME LEVER OF OSWALD STREET ADDRESS 14865 S. W. 166 St.
CITY-ST-ZIP KENDALL, FL 33187 CITY-ST-ZIP Kendali Ft 33187
TITLE VPCD □ Delete TITLE VPC D ☑ Change □ Addition
NAME LEVERMORE, JACQUELINE M SUBSELADDRESS 4242 BUENA VISTA ST UNIT 3 SIREELADDRESS 1/4 8/2 5 5 1/4 1/4 (5) 5 1/4
SIREET ADDRESS 4242 BUENA VISTA ST UNIT 3 SIREET ADDRESS 14865 5. W. 1665t. CITY-ST-ZIP DALLAS, TX 75205 CITY-ST-ZIP Kendall, A 33187
Channe Addition
NAME LEVERMORE, CLAUDETTE M NAME LEVE, more, Claudette
SIREET ADDRESS 14865 SW 166TH ST CITY-SI-ZIP KENDALL, FL 33187 SIREET ADDRESS 14665 S. W. 16634vect CITY-SI-ZIP KENDALL, FL 33187
TITLE Delete TITLE Change Addition
NAME NAME
STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP
2. 1 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 is filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is filing does not qualify the part is true and accurate and that my signature shall have the same lengt effect as if made under oath; that I am an officer or director

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.

SIGNATURE: MALLEVEL

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08 (305)763-9095

Daytime Phone #