2008 FOR PROFIT CORPORATION

FILED

| ANNUAL REPORT | | | | Apr 24, 2008 08:00 | | |
|---|--|--|-----------------------------|--|--|------------------|
| DOCU | JMENT # P050000425 | 540 | | | Secretary | |
| 1. Entity Name NE PALECKI ENTERPRISES, INC. | | | | | · | |
| ,,_,,,_, | 2010 2111 2101 11020, 1110, | | | | | |
| • | ce of Business | Mailing Address | _! | 1 | | |
| | | 1927 SEAN WOOD CIRCLE Brandon, FL 33510 | | } | | |
| · | | | | | 1 BRIBL BINK BANK BANK BAKK BANK BIRT WARI BINK BIRT | L SEMBOL II IDEI |
| | | | | | | |
| . · | , | .· | | 03072008 | No Chg-P CR2E034 (11/0. | 5) |
| \$ <u>.</u> | OO NOT WRITE | IN THIS SPA | CE | 4. FEI Numbe | | Applied For |
| | | | | 20-248 | 7762 | Not Applicable |
| · | | and the second | | 5. Certificate | of Status Desired S8.75 A | |
| | 6. Name and Address of Current Re | gistered Agent | 7 - | | | • |
| PALECKI, NATHAN E. 1927 SEAN WOOD CIRCLE | | | | DO | NOT WRITE | |
| BRANDON, FL 33510 | | | | | THIS SPACE | |
| | | | <u>'</u> | | INIS SPACE | |
| 8. The above | e named entity submits this statement for the | ne purpose of changing its register | ed office or register | red agent or hot | th in the State of Florids. Lam familiar wi | th, and pacent |
| the obliga | tions of registered agent. | to perpend of arranging the register | os omos or regional | oo agom, or bor | or, with o otale of Figure 2. Familiar wi | in, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent and | title if spokcable (NOTE: Registers | ed Agent signature required | t when reinstation) | DATE | |
| | | | | · | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | | 00 May Be U000000919255 U00000919255 US/13/08-80116-001 150.00 | | |
| 10. | OFFICERS AND DI | RECTORS | I | | - GG, 157 GG GG116 GG1 1 | 30,00 |
| TITLE NAME | D PALECKI, NATHAN E. | | [. | | | 1 |
| STREET ADDRESS | 1927 SEAN WOOD CIRCLE | | 18.50 | · | | |
| CITY-ST-ZIP TITLE | BRANDON, FL 33510 | | | | | |
| NAME | | • | | | | |
| STREET ADDRESS CITY-ST-ZIP | | • | | | 1 4 | |
| TITLE | | | | | | |
| NAME STREET ADDRESS | | | J. 30 | DO | NOT MOLTE | . ' |
| CITY-ST-ZIP | | | | | NOT WRITE | l |
| TITLE NAME | | | | IN 7 | THIS SPACE | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| NAME | | y as y and | | | | |
| STREET ADDRESS CITY-ST-ZIP | | p. v | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| TITLE | | | | | Company of the second | |
| NAME STREET ADORESS | | | | | | 1 |

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 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: