2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060381

Entity Name: RONALD NELSON INC.

Address: City-St-Zip:

OCALA, FL 34472

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 37 ALMOND DRIVE OCALA, FL 34472 **Current Mailing Address: New Mailing Address:** 37 ALMOND DRIVE OCALA, FL 34472 FEI Number: 34-2047943 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: NELSON, RONALD 37 ALMOND DRIVE US OCALA, FL 34472 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 NELSON, RONALD Name: Name: 37 ALMOND DRIVE Address: Address: City-St-Zip: OCALA, FL 34472 City-St-Zip: Title: Title: () Change () Addition () Delete NELSON, SHARON Name: Name: 37 ALMOND DRIVE Address: Address: OCALA, FL 34472 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition NELSON, DALTON Name: Name: 37 ALMOND DRIVE Address:

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.

City-St-Zip:

SIGNATURE: RONALD D. NELSON P 04/28/2008