2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 05, 2007 08:00 AM **Secretary of State** DOCUMENT # P05000066199 BLIND EXPERT OF BONITA, INC. Principal Place of Business Mailing Address 3440 RENAISSANCE BLVD. 3440 RENAISSANCE BLVD. SUITE 5 SUITE 5 BONITA SPRINGS, FL 34134-7004 BONITA SPRINGS, FL 34134-7004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252007 Chq-P CR2E034 (12/06) City & State Applied For City & State 4 FFI Number 56-2514344 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, RENE Street Address (P.O. Box Number is Not Acceptable) 3440 RENAISSANCE BLVD. SUITE 5 BONITA SPRINGS, FL 34134-7004 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 U00000619746 □ Change □ Addition TITLE ☐ Delete TITLE GONZALEZ, RENE NAME NAME 02/09/07-80009-010 150.00 STREET ADDRESS 6650 ILEX CIRCLE APT. 6C STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition

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12. Thereby 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 life empowered.

SIGNATURE:

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ING OFFICER OF DIRECTOR SIGNATURE AND TYPED OR TED NAME OF

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