2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067617

FILED Apr 15, 2008 Secretary of State

| Entity Na | me: LEXIOF | AMELIA ISLAND, INC. | | | |
|---|--|---------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| PO BOX 1002 YULEE, FL 32041 | | | 2890 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034 | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| PO BOX 1 YULEE, FI | | | | | |
| FEI Number | : 02-0743569 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | l Address of C | Current Registered Agent: | Name and Address of | of New Registered Agent: | |
| 76369 TOI YULEE, FI The above | | 8 | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | | nic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | MRS. (CLIFTON, TON 76369 TOM BU YULEE, FL 32 | IRNEY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MR. (CLIFTON, DAN 76369 TOM BU YULEE, FL 32 | IRNEY | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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.

SIGNATURE: TONYA CLIFTON **PRES** 04/15/2008