2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED May 20, 2008 8:00 am Secretary of State

05-20-2008 90005 024 ***150.00

| DOCUMENT # P05000068807 1. Entity Name STUART KRAHAM & ASSOCIATES INC | | | | 74 | 05-20-2008 90005 | i 024 ***15 | 0.00 |
|---|---|--------------------|-----------------------------------|--|---|--------------------------|------------------------------|
| Principal Place | e of Business | Mailing Address | | | | | |
| 9757 COBBLESTONE CREEK DR. 9757 COBBLESTONE CREEK I BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 | | | | | | | |
| | | | | | | | |
| 2 Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | 55 NW III Way | | [] | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 05142008 | Chg-P CR2 | 2E034 (12/06) |) |
| City & State | 1 C #1. | City & State | | | 3960 | 1—1— | pplied For lot Applicable |
| (CIMI)2 (DIM) | | | Country | 65-0123 5. Certificate | of Status Desired | \$8.75 Ad Fee Require | Iditional |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| KRAHAM, STUART 9757 COBBLESTONE CREEK DR BOYNTON BEACH, FL 33437 | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | City Carra | City Caral Springs FL zig Code 71 | | | | |
| 8. The above the obligat | named entity submits this statement for ions of registered agent. | | gistered office or registe | ered agént, or bot | h, in the State of Florida. I | am familiar with | , and accept |
| FILE NOWILL FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finar Trust Fund Contribution. | | | | 5.00 May Be ded to Fees | In accordance with s. corporation did not rec | | |
| 10. | OFFICERS AND I | | 11. | ADDITIONS/ | CHANGES TO OFFICERS | | |
| NAME | P KRAHAM, STUART 9757 CORBLESTONE CREEK DE | □ Delete | NAME STREET ADDRESS | 455 1 | NW 111 Wa | □ effange | ■ Addition |

Cc-al Springs, FL 3307/. BOYNTON BEACH, FL 33437 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I 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 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.

-BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR