2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P05000073810

Entity Name: DEBBIE MALLOY THORPE, P.A.

Current Principal Place of Business:

271 CATFISH CREEK ROAD
LAKE PLACID, FL 33852

New Principal Place of Business:

271 CATFISH CREEK ROAD
LAKE PLACID, FL 33852 US

Current Mailing Address:

271 CATFISH CREEK ROAD
LAKE PLACID, FL 33852

New Mailing Address:

271 CATFISH CREEK ROAD
LAKE PLACID, FL 33852 US

FEI Number: 20-2882869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAMELA T. KARLSON, P.A.
531 DEEN BOULEVARD
LAKE PLACID, FL FL US

Name and Address of New Registered Agent:

PAMELA T. KARLSON, P.A.
531 DEEN BOULEVARD
LAKE PLACID, FL 33852 US

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: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPVS ( ) Delete
Name: MALLOY THORPE, DEBBIE
Address: 271 CATFISH CREEK RD
City-St-Zip: LAKE PLACID, FL 33852

Title: T ( ) Delete
Name: MALLOY THORPE, DEBBIE
Address: 271 CATFISH CREEK RD
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change ( ) Addition
Name: MALLOY THORPE, DEBBIE
Address: 271 CATFISH CREEK RD
City-St-Zip: LAKE PLACID, FL 33852 US

Title: T (X) Change ( ) Addition
Name: MALLOY THORPE, DEBBIE
Address: 271 CATFISH CREEK RD
City-St-Zip: LAKE PLACID, FL 33852 US

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: DEBBIE MALLOY THORPE PRES 04/28/2009
Electronic Signature of Signing Officer or Director — Date