2008 FOR PROFIT CORPORATION

Apr 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P05000106602 ASHLEIGH CORP, INC. Principal Place of Business Mailing Address 14286-19 BEACH BLVD **4745 SUTTON PARK CT SUITE 340 SUITE 103** JACKSONVILLE BEACH, FL 32250 JACKSONVILLE, FL 32224 04032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0902514 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MCQUAIG, DAVID H. 4745 SUTTON PARK CT., STE. 103 JACKSONVILLE, FL 32224 IN THIS SPACE 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: typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000925531 \Box Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PVST** TITLE NAME ADAMS, MATTHEW A 14286-19 BEACH BLVD., #340 STREET ADDRESS CITY ST-ZIP JACKSONVILLE BEACH, FL 32250 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 deciver 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.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

Matthew A. Adams

Daytime Phone #

FILED