


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90205 048 \*\*\*150.00

DOCUMENT # P05000112364		
1. Entity Name CINRHON INC		

Principal Place of Business 18002 RICHMOND PLACE DRIVE APT 1022 TAMPA, FL 33647 US	Mailing Address 18002 RICHMOND PLACE DRIVE APT 1022 TAMPA, FL 33647 US
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2. Principal Place of Business, No P.O. Box # 5075 Cypress Palms Lane Suite, Apt. etc.	3. Mailing Address 5075 Cypress Palms Lane Suite, Apt. etc.
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04252008 Chg-P CR2E034 (12/06)

City & State Tampa, FL	City & State Tampa, FL
Zip 33647	Zip 33647
Country USA	Country USA

4. FEI Number 20-3304825	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TEVZ, CYNTHIA K 18002 RICHMOND PLACE DRIVE APT 1022 TAMPA, FL 33647
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7. Name and Address of New Registered Agent Name: Tevz, Cynthia K. Street Address (P.O. Box Number is Not Acceptable): 5075 Cypress Palms Lane City: Tampa FL Zip: 33647
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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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P TEVZ, CYNTHIA K 18002 RICHMOND PLACE DRIVE APT 1022 TAMPA, FL 33647 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S OLSON, RHONDA K 4466 WATT AVE SPRING HILL, FL 34608 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Tevz, Cynthia K. 5075 Cypress Palms Lane Tampa, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Cynthia K. Tevz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08 (813) 545-0980  
Date Daytime Phone