2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State
02-25-2008 90049 018 ***150.00

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02152008 Chg-P CR2E034 (12/06)

DOCUMENT # P05000119490
1. Entity Name
SANTA CRUZ INC.

Principal Place of Business	Mailing Address
1215 RESERVE WAY #202 NAPLES, FL 34105	1215 RESERVE WAY #202 NAPLES, FL 34105

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4401 19th PL SW	4401 19th PL SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34116 Country: USA	Zip: 34116 Country: USA

4. FEI Number: 83-0440382 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANTA CRUZ, GALYA
750 101ST AVE N
NAPLES, FL 34108

7. Name and Address of New Registered Agent
Name: SPL INCOME TAX CORP
Street Address (P.O. Box Number is Not Acceptable): 6006 RADIO Rd
City: NAPLES FL Zip Code: 34104

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] 2/15/2008
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANTA CRUZ, GALYA 1215 RESERVE WAY #202 NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANTA CRUZ, GALYA 4401 19th PL SW NAPLES FL 34116	☑ Change ☐ Addition
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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: [signature] 2/15/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #