2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # P05000136427 04-28-2008 90322 018 ***150.00 FISCHER GAETA CORP. Principal Place of Business Mailing Address 5220 HOOD ROAD **5220 HOOD ROAD** STE 100 **STE 100** PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02212008 CR2E034 (12/06) Chg-P City & State City & State 4 FEI Number Applied For 06-1758184 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAETA, NEIL J Street Address (P.O. Box Number is Not Acceptable) 5220 HOOD ROAD, STE 100 PALM BEACH GARDENS, FL 33418 City Zip Code FI 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE □ Delete TITLE Change GAETA, LOUIS A JR. NAME NAME 5220 HOOD ROAD STE 100 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP VP TITLE Delete TITLE ☐ Change ☐ Addition GAETA NEIL J NAME NAME STREET ADDRESS 5220 HOOD ROAD STE 100 STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FISCHER, ROBERT A NAME NAME . . 5220 HOOD RD STE 100 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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.

Neil J. Gaet

SIGNATURE:

FILED