2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# P05000142740

Entity Name: HENRY THORPE & ASSOCIATES, INC.

Current Principal Place of Business:

5109 BROKEN SOUND LANE
VALRICO, FL 33594

New Principal Place of Business:

5109 BROKEN SOUND LANE
VALRICO, FL 33596

Current Mailing Address:

5109 BROKEN SOUND LANE
VALRICO, FL 33594

New Mailing Address:

5109 BROKEN SOUND LANE
VALRICO, FL 33596

FEI Number: 20-3682905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THORPE, HENRY L JR.
5109 BROKEN SOUND LANE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

THORPE, HENRY L JR.
5109 BROKEN SOUND LANE
VALRICO, FL 33596 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: _____ 04/26/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THORPE, HENRY L JR.
Address: 5109 BROKEN SOUND LANE
City-St-Zip: VALRICO, FL 33594

Title: VP ( ) Delete
Name: THORPE, DORIS S
Address: 2217 MALIBU DRIVE
City-St-Zip: BRANDON, FL 33511

Title: S ( ) Delete
Name: THORPE, KATHLEEN E
Address: 5109 BROKEN SOUND LANE
City-St-Zip: VALRICO, FL 33595

Title: T ( ) Delete
Name: THORPE, HENRY L JR.
Address: 5109 BROKEN SOUND LANE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: THORPE, HENRY L JR.
Address: 5109 BROKEN SOUND LANE
City-St-Zip: VALRICO, FL 33596

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: THORPE, KATHLEEN E
Address: 5109 BROKEN SOUND LANE
City-St-Zip: VALRICO, FL 33596

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HENRY L THORPE, JR. P 04/26/2008
Electronic Signature of Signing Officer or Director — Date