2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 10, 2008 08:00 A Secretary of State **DOCUMENT # P05000144161** 1. Entity Name KIRKWOOD CORNERS, INC. Mailing Address Principal Place of Business P 0 BOX 2201 P 0 B0X 2201 CRYSTAL RIVER, FL 34423 CRYSTAL RIVER, FL 34423 No Cha-P CR2E034 (11/05) 04082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3824039 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JOHNSON, KIRK W DO NOT WRITE 3521 N LECANTO HWY BEVERLY HILLS, FL 34465 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 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 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE JOHNSON, KIRK W NAME STREET ADDRESS P O BOX 2201 CITY-ST-ZIP CRYSTAL RIVER, FL 34423 U00000889228 04/22/08-80045-002 150.00 VPSD TITLE NAME DITCHFIELD, AMANDA J P O BOX 2201 STREET ADDRESS CRYSTAL RIVER, FL 34423 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

KIDK JOHNSON

4/8/2008 (352) 746-9000