2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 01, 2008 8:00 am Secretary of State DOCUMENT # P05000156510 05-01-2008 90185 025 ***150.00 BRADLEY R. HARDY P.A. Principal Place of Business Mailing Address 60032110 5101 SW 60TH ST. RD 5101 SW 60TH ST. RD APT#2205 APT#2205 OCALA, FL 34474 OCALA, FL 34474 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1901 x081091 Suite, Apt. #, etc. Suite, Apt. #, etc. 04292008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number $\omega \omega$ 20-3952779 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired アブカ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARDY, BRADLEY R. Street Address (P.O. Box Number is Not Acceptable) 5101 SW 60TH ST. RD OCALA, FL 34474 15th 3001 Sw City Ocala Zip Code 34474 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. Brooks KHz S B gnature, typed or printed name of registered agent a Guite if applicable Bradley R Word & Mord & Mord & Mord & Mord & Mord & Mord & More Registered Agent signature rea 4/29/08 SIGNATURE. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST TITLE TITLE ☐ Detete ☐ Change ☐ Addition HARDY, BRADLEY R STREET ADDRESS 5101 SW 60TH ST. RD. STREET ADDRESS CITY-ST-ZIP OCALA, FL 34474 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIII F ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST- AP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting 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.

Brazilley RHady 4/29/08

(352)817-8934

FILED