2008 FOR PROFIT CORPORATION

h an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachm

SIGNATURE:

May 01, 2008 8:00 am Secretary of State **ANNUAL REPORT** 05-01-2008 90194 042 ***150.00 DOCUMENT # P05000166557 1. Entity Name PERFORMANCE THEORY, INC. Principal Place of Business Mailing Address 60036233 **5951 WELLESLEY PARK DRIVE** 1235 SE 7TH STREET DEERFIELD BEACH, FL 33441 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1235 SE 7th Street Suite, Apt. #, etc. Suite, Apt. #, etc. 04182008 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Deerfield Beach, 05-0630351 Not Applicable \$8.75 Additional Zip Zio Country 5. Certificate of Status Desired Fee Required 33441 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Christopher, Paul MEYERS, JULIE A EA 19916 COURT OF THE LIONS Street Address (P.O. Box Number is Not Acceptable) 1235 SE 7th Street BOCA RATON, FL 33434 City Zip Code Deerfield Beach 33441 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 regist <u>4/18/08</u> SIGNATURE Nature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstaling) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change THUE ☐ Delete TITLE ☐ Addition Christopher, Paul CHRISTOPHER, PAUL NAME NAME STREET ADDRESS 5951 WELLESLEY PARK DRIVE #103 1235 SE 7th Street STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP Deerfield Beach, FL 33441 Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY - ST- ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - ZIP ☐ Defete ☐ Change ☐ Addition TITLE 11111 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP thereby 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

FILED

4/18/08

Daytime Phone #