2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

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Signature Sign
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, riged or proted name of registered agent and title # application. PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Determine The Name Sifect Address of New Registered Agent Acceptable) PKAN MALAY, RAYMOND W Determine Or registered agent and title # application. SIGNATURE TILE PKAN MALAY, RAYMOND W Determine Or registered agent and title # application. Determine Till E Name Sifect Address of New Registered Agent Agent Address of New Registered Agent Till E Name Street Address of New Registered Agent To Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) The Address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent To City PFL Till E Now Registered Agent To Name and Address of New Registered Agent To City PFL The Address of New Registered Agent To City PFL To Code The Address of New Registered Agent To City PFL To Code The Address of New Registered Agent To City PFL To Code The Address of New Registered Agent To City PFL To Code The Address of New Registered Agent To City PFL To Code The Address of New Registered Agent To City PFL To Code The Address of New Registered Agent To City PFL To Code To City PFL
BUSINESS ENTERPRISES GROUP 5031 SHALE RIDGE TRAIL ORLANDO, FL 32818 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Fiorida. I am lamillar with, and accept the obligations of registered agent. SIGNATURE Signatur, howel or proted name of ingetered agent and the if applicable. PLE NOW!!! FEE IS \$150,00 After May 1, 2008 Fee will be \$550,00 9. Election Campaign Financing Trust Fund Contribution. BY AND Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRET ADDRESS CITY-ST-2P DELET ADDRESS CITY-ST-
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, hoed or printed name of registered agent and side if applicable. (NOTE: Pegastered Agent signature reculted when reinstating)
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 Fiorida. I am lamiliar with, and accept the obligations of registered agent. Signature. Signature. The Now!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME KAN MALAY, RAYMOND W 16538 DEER CHASE LOOP ORLANDO, FL 32828 ORLANDO, FL 32828 ORLANDO, FL 32828 ORLANDO, FL 32828 Delete TITLE NAME NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME NAME NAME NAME NAME NAME NAME Delete TITLE NAME NAME NAME NAME NAME NAME
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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.

SIGNATURE: RAYMOND MALAYHAN 4/4/08

BIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #