2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2008
Secretary of State

DOCUMENT# P06000014299

Entity Name: TASPEN CORPORATION

Current Principal Place of Business:

21016 EVANSTON AVE
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

1646 INVERNESS STREET
PORT CHARLOTTE, FL 33952 US

Current Mailing Address:

21016 EVANSTON AVE
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

1646 INVERNESS STREET
PORT CHARLOTTE, FL 33952 US

FEI Number: 20-3219034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, ASONE
21016 EVANSTON AVE
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

COHEN, ASONE
1646 INVERNESS STREET
PORT CHARLOTTE, FL 33952 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: 06/17/2008
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COHEN, ASONE
Address: 21016 EVANSTON AVE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VP ( ) Delete
Name: COHEN, ICETA
Address: 21016 EVANSTON AVE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: TREA ( ) Delete
Name: LOGAN, DEVON
Address: 21016 EVANSTON AVE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COHEN, ASONE
Address: 1646 INVERNESS STREET
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VP (X) Change ( ) Addition
Name: COHEN, ICETA
Address: 1646 INVERNESS STREET
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: TREA (X) Change ( ) Addition
Name: LOGAN, DEVON
Address: 1646 INVERNESS STREET
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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: DEVON E LOGAN TREA 06/17/2008
Electronic Signature of Signing Officer or Director — Date