2008 FOR PROFIT CORPORATION

May 01, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P06000014959 05-01-2008 90219 030 ***150.00 1. Entity Name KATHY PEREZ, PA 40090243 Principal Place of Business Mailing Address 2009 NE GINGER TER 2009 NE GINGER TER JENSEN BEACH, FL 34957-5720 JENSEN BEACH, FL 34957-5720 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 20-4289951 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, KATHY V Street Address (P.O. Box Number is Not Acceptable) 2009 NE GINGER TER JENSEN BEACH, FL 34957-6720 City 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 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 • • 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11: FITLE ☐ Defete TITLE ☐ Change ☐ Addition PEREZ, KATHY V NAME STREET ADDRESS 2009 NE GINGER TER STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 349576720 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS 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

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SIGNATURE: 4

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