2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

D TYPED OR PRINTED NAME OF SIGNING

May 02, 2007 8:00 am Secretary of State DOCUMENT # P06000015875 1. Entity Name 05-02-2007 90087 047 ***150.00 BENISA, INC. Principal Place of Business Mailing Address 12 S. CASTILLO DR. 12 S. CASTILLO DR. ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5379 LOUNDVIEW Suite, Apt. #, etc. Suite, Apt. #, etc. 02162007 CR2E034 (12/06) Cha-P 4. FEI Number Applied For City & State City & State 20-4280938 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAMUS, JEFF Street Address (P.O. Box Number is Not Acceptable) 5379 SOUNDVIEW AVE. ST. AUGUSTINE, FL 32080 FI 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 it applicable (NOTE: Registered Agent signature (equired when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PD $s\, au$ PD TITLE TITLE Change ☐ Addition ☐ Detete JEFF DAMUS, JETI 1319 SOUNDVIEW AVE. DAMUS, JEFF NAME NAME 5379 SOUNDVIEW AVE STREET ADDRESS STREET ADDRESS ST. ALGUINE CITY-ST-ZIP ST. AUGUSTINE, FL 32080 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition DAMUS GAYLE 5379 SOUNDVIEW AVE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE 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 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustel 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 attact prent wighten address, with all other like empowered.