2008 FOR PROFIT CORPORATION

Apr 07, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P06000047261** 04-07-2008 90051 038 ***150.00 WILLIAM HARTMAN, CORP Principal Place of Business Mailing Address 9869 RIVERSIDE DR 9869 RIVERSIDE DR CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 2. Principal Place of Business - No P.O. Box # 1448 NW 84** TER 3. Mailing Address 1448 NW BATH TER Suite, Apt. #, etc 04032008 Cha-P CR2E034 (12/06) City & State City & State 4 FEI Number Applied For PONUMS 14 AM COLAL SPRING ACISCOPT 20-4618131 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTMAN, WILLIAM 9869 RIVERSIDE DR Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS, FL 33071 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD TITLE ☐ Delete TITLE Change ☐ Addition HARTMAN, WILLIAM NAME NAME 1448 NW 8th TER STREET ADDRESS 9869 RIVERSIDE DR STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-7IP LOTAL SPRINGS FL 33071 CITY-ST-ZIP TRILE ☐ Delete TITE F Change ☐ Addition NAME HARTMAN, MARINELLA P NAME 1448 NM 844 TER 9869 RIVERSIDE DR STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33071 1 TOEE JA ZYNARR LATON CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete [T] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

RE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/08

FILED