2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

| 1. Entity Nam | MENT # PUBUUUUS8 R INFORMATION SCIENCE | |) | | | 05-02-2008 | 3 90156 | 005 ***15 | 50.00 |
|---|---|---|--|---|---|-----------------------|--------------|-----------------------------|-------------------------------------|
| Principal Plac | e of Business | Mailing Address | | | | | | | |
| 2015 BOB WHITE COURT MARY ESTHER, FL 32569 | | 2015 BOB WHITE COURT MARY ESTHER, FL 32569 | | | | | | | |
| Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04232008 | Chg-P | CR2E | 34 (12/06) | | |
| City & State | | City & State | | 4. FEI Number 20-4747 | | | | oplied For ot Applicable | |
| Zip Country | | Zip | Zip Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| | 6. Name and Address of Current | Registered Agent | | <u> </u> | 7. Name and | Address of New R | tegistered . | Agent | |
| DICHARD | C IOUNCON CA | | | Name | | | | | |
| RICHARD S. JOHNSON, P.A. 36008 EMERALD COAST PARKWAY SUITE 301 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| DESTIN, F | | | | | | | | | |
| | | | | City | | | FL | Zip Cod | e |
| | named entity submits this statement folions of registered agent. | r the purpose of changing its | register | ed office or reg | jistered agent, or both | , in the State of Flo | orida. I am | familiar with, | and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | E- Panietara | ad Agont signature re- | | | OATE | | |
| 1 / | | | c. mogratore | O WARNES SALISTON BUSIN | quired when reinstating) | | UATE | | |
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| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0 | 9. Efection Campai Trust Fund Contr | ign Finar | ncing | \$5.00 May Be Added to Fees | CHANGES TO OFF | | DIRECTOR | S IN 11 |
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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.

SIGNATURE