2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008
Secretary of State

DOCUMENT# P06000060139

Entity Name: LUECHINGER CORPORATION

Current Principal Place of Business:

393 DAWES RD.
FROST PROOF, FL 33843

New Principal Place of Business:

2717 EMERSON LN
KISSIMMEE, FL 34743

Current Mailing Address:

393 DAWES RD.
FROST PROOF, FL 33843

New Mailing Address:

2717 EMERSON LN
KISSIMMEE, FL 34743

FEI Number: 20-4790757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUCHINGER, FABRIZZIO
393 DAWES RD.
FROST PROOF, FL 33843 US

Name and Address of New Registered Agent:

LUCHINGER, FABRIZZIO
2717 EMERSON LN
KISSIMMEE, FL 34743 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: 02/22/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: LUCHINGER, FABRIZZIO R
Address: 5321 MAUNA LOA LN.
City-St-Zip: ORLANDO, FL 32812

Title: DVP ( ) Delete
Name: LUCHINGER, NICOLE V
Address: 5321 MAUNA LOA LN.
City-St-Zip: ORLANDO, FL 32812

Title: DS ( ) Delete
Name: SHIELS, MARIA D
Address: 5321 MAUNA LOA LN.
City-St-Zip: ORLANDO, FL 32812

Title: SD (X) Delete
Name: NURK, TOOMAS
Address: 5321 MAUNA LOA LN.
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: FABRIZZIO LUCHINGER DPT 02/22/2008
Electronic Signature of Signing Officer or Director — Date