2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2007 8:00 am Secretary of State **DOCUMENT # P06000062676** 05-03-2007 90068 001 ***150.00 THE SERENGETI TRADING COMPANY, INC. Principal Place of Business Mailing Address 8168 BEATLE BLVD 8168 BEATLE BLVD JACKSONVILLE, FL 32244 115 JACKSONVILLE, FL 32244 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 05022007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20 - l 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 BROWER, DANIEL Street Address (P.O. Box Number is Not Acceptable) 8168 BEATLE BLVD JACKSONVILLE, FL 32244 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 FILE NOWIII FEE IS \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition NAME BROWER, DANIEL NAME 8168 BEATLE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition BROWER, DANIEL NAME NAME STREET ADDRESS 8168 BEATLE BLVD STREET ADDRESS JACKSONVILLE, FL 32244 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME BROWER, DANIEL 8168 BEATLE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition BROWER, DANIEL NAME NAME STREET ADDRESS 8168 BEATLE BLVD STREET ADDRESS JACKSONVILLE, FL 32244 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-7tP 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 changed, or on an attachment with an address, with arother like empowered.

FILED