2008 FOR PROFIT CORPORATION

FILED Apr 09, 2008 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # P06000093858** EDWARD L. SCHWARZ, P.A. Principal Place of Business Mailing Address 1001 SHOCKNEY DR 1001 SHOCKNEY DR ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 01162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5344767 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHWARZ, EDWARD L DO NOT WRITE 1001 SHOCKNEY DR ORMOND BEACH, FL 32174 IN THIS SPACE 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) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 04/21/03-80009-020 150.60 OFFICERS AND DIRECTORS 10. TITLE SCHWARZ, EDWARD L NAME 1001 SHOCKNEY DR STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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 received 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:

TITLE NAME STREET ADDRESS CITY+ST-ZtP