2007 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Apr 12, 2007 8:00 am Secretary of State

| DOCUMENT # P06000102921 1. Entity Name CORALHOUSE MULTISERVICES, INC. | | | | | 04-12-2007 90038 037 ***150.00 | | | |
|---|---|---|--------------------|--|--------------------------------|----------------------------|---|------------------------------------|
| Principal Place 1719 SW 2N CAPE CORAL, | D AV | Mailing Address 1719 SW 2ND AV CAPE CORAL, FL 33991 | | | (101)(101)(11 | 2110 FIIII GANII AFIII AGI | 8 1 1134 83118 11618 16158 12861 | (1818 5 1) (18 165) |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | 3. Mailing Address | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 01312007 | Chg-P | CR2E034 (12/06 | ·) | |
| City & State | | City & State | | 4. FEI Number 20 - 5. | 343481 | h h- | Applied For Not Applicable | |
| Zip | Country | Zip | Count | ry | | f Status Desired | S8.75 A | dditional red |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| OSORIO, LUZ N 1719 SW 2ND AV CAPE CORAL, FL 33991 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 0/11 E 001 | V.C. 1 C 3000 1 | | | | | | | |
| | | City | | | | FL Zip Co | | |
| 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 tille if applicable. (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | |
| | | | | | 5.00 May Be ded to Fees | | | |
| 10. | OFFICERS AND DIRECTORS 11 | | | | ADDITIONS/C | HANGES TO OFF | ICERS AND DIRECTO | RS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OSORIO, LUZ N NAI 1719 SW 2ND AV STE | | | I | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DUQUE, JHON G 1719 SW 2ND AV | | | 1 | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | N: ST | | | į. | | | Change | e 🔲 Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | ☐ Change | e 📋 Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | ☐ Change | e |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | 1 | | | ☐ Changi | Addition |

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 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: * des Willy Corro
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

Daytime Phone #