2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 15, 2008 08:00 AM Secretary of State **DOCUMENT # P06000125730** 1. Entity Name TITHE AND MORE, A BOUTIQUE R.E. COMPANY DEDICATED TO LORRAINE INC. Principal Place of Business Mailing Address 887 TURTLE COURT 887 TURTLE COURT NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. # etc. Suite Apt of etc. CR2E034 (10/07) 1st MOORE Applied For City & State City & State 4. FEI Number 13-4338880 Not Applicable Ζıp Country Zβ 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 Name VENTRESS, WILLIAM W Street Address (P.O. Box Number is Not Acceptable) 887 TURTLE COURT NAPLES FL 34108 Zip Code City 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 prened hand of rog strend agent a vitate if amplicable. ff.OTE. Registered Againt ergopture required when reinstalings DATE FILE NOW!!! FEE IS \$150.00 : 100 HE 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES Change ☐ Addition TITLE ☐ Delete ПΠЕ NAME VENTRESS, WILLIAM W U000000828849 02/26/08-80019-009 150.00 STREET ADDRESS 887 TURTLE COURT STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP ☐ Derete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition 11110 ☐ Defete THE DAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-212 CITY-ST-ZIP Addition TITLE ☐ Defete TITLE Change MAM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-ZiP THEF ... Deiete Change Addition NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or suppliernental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer 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 order like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- William Ward Ventress 2-13-08 239-5

Daytano Phone #