2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 02, 2008 08:00 Al Secretary of State DOCUMENT # P06000126377 1. Entity Name ATTIC ANTIQUES & COLLECTIBLES, INC. Principal Place of Business Mailing Address 5155 KIRKWOOD TR. 4521 S. HOPKINS AVE. TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 US CR2E034 (11/05) 03302008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5661528 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VALDES, CAROL C DO NOT WRITE 5155 KIRKWOOD TR TITUSVILLE, FL 32780 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. Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Regimered Agent signature required when remetating) DATE U00000877717 04/14/08-80025-019 150.00 9. Election Campaign Financing \$5.00 May Be PILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE VALDES, CAROL C NAME STREET ADDRESS 5155 KIRKWOOD TR CITY-ST-ZIP TITUSVILLE, FL 32780 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP

351-267-405