2008 FOR PROFIT CORPORATION

Sep 05, 2008 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P06000138984** 09-05-2008 90003 023 ***150.00 1. Entity Name TH. P. STUCCO INC. Principal Place of Business Mailing Address dalraa. . 1102 FUCHSIA DR 1102 FUCHSIA DR HOLIDAY, FL 34691 HOLIDAY, FL 34691 No Chg-P 09012008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5821925 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIZANIAS, THEO DO NOT WRITE 1102 FUCHSIA DR TAMPA, FL 34691 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. PLEASE WAIVE PONALTY TITLE NAME PIZANIAS, THEO STREET ADDRESS 1102 FUCHSIA DR CITY-ST-ZIP HOLIDAY, FL 34691 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE

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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

Daytime Phone #

FILED