2008 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE NAMÉ STREET ADDRESS

FILED Apr 03, 2008 08:00 AN Secretary of State **DOCUMENT # P06000140448** 1. Entity Name WICKMAN HISTORICAL SERVICES, INC. Principal Place of Business Mailing Address 200 ASHBURYFD.APT. 302 200 ASHBURYFD, APT, 302 HOLLYWOOD, FL 33024 HOLLYW2020, FL 33024 04012008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 45-0544538 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WICKMAN, PATRICIA R DO NOT WRITE 200 ASHBURY RD., APT. 302 HOLLYWOOD FL 33024 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees fter May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WICKMAN, PATRICIA R STREET ADDRESS 200 ASHBURY RD., APT. 302 CITY-ST-ZIP HOLLYWOOD, FL 33024 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DTI E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Patricia & Wickman 4.1.08 954.981.8330