APR-17-2008 02:51P FROM:

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Secretary of State
04-23-2008 90025 016 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000141901

1. Entity Name
ELIZABETH CROCKETT PAINO IN THE HOME, INC.

400077811

Principal Place of Business	Mailing Address
9601-57 MICCOSUKEE ROAD TALLAHASSEE, FL 32309 US	9601-57 MICCOSUKEE ROAD TALLAHASSEE, FL 32309 US

.04172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ~~APPLIED FOR~~ 56-2624527 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CROCKETT, ELIZABETH 9601-57 MICCOSUKEE ROAD TALLAHASSEE, FL 32309	Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code

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 Elizabeth Crockett — DATE 4-17-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: CROCKETT, ELIZABETH STREET ADDRESS: 9601-57 MICCOSUKEE ROAD CITY-ST-ZIP: TALLAHASSEE, FL 32309	☐ Delete	TITLE NAME STREET ADDRESS: 9601-87 miccosukee Rd. CITY-ST-ZIP: TALLAHASSEE, Fl. 32309	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Elizabeth Crockett — Date 4-17-08 — Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR