2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 01, 2008 8:00 am Secretary of State DOCUMENT # P06000145024 05-01-2008 90183 022 ***150.00 BULLARD HOLDINGS, INC. Principal Place of Business Mailing Address E/decand 2325 ULMERTON ROAD 2325 ULMERTON ROAD SUITE 20 SUITE 20 CLEARWATER, FL 33762 CLEARWATER, FL 33762 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #! etc. Suite, Apt. #, etc. 03262008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-5904693 Not Applicable Country Zip Country \$8.75_Additional 5. Certificate of Status Desired __ __ _____ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORRIS, GREGORY D Street Address (P.O. Box Number is Not Acceptable) 2325 ULMERTON ROAD SUITE 20 11 meston CLEARWATER, FL 33762 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 far the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, **X** Delete TITLE Change Addition TITLE BULLARD, FRED B JR. NAME NAME 2325 ULMERTON ROAD, SUITE 20 STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33762 CITY-ST-ZIP CITY-ST-ZIP VΡ ☐ Delete TITLE ☐ Change ☐ Addition TITLE MORRIS, GREGORY D NAME NAME 2325 ULMERTON ROAD, SUITE 20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33762 CITY-ST-ZIP ☐ Delete TITLE **Addition** BURTON BULLARD NAME NAME 2325 UlmerTon Rd, Swite 20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 appears with all other like propowered.

FILED