## Mar 21, 2008 8:00 am Secretary of State 2008 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P06000151989 03-21-2008 90015 006 \*\*\*150.00 BRADLEY P. HERNDON, P.A. Principal Place of Business Mailing Address 25 WALTER MARTIN ROAD STE 201 PO BOX 520 FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32549 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 25 Walter Martin Road Suite, Apt. #, etc. Suite Apt #, etc. Chg-P 03132008 CR2E034 (12/06) wite das City & State City & State 4. FEI Number Applied For ort Walton Beach 20-8019333 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired OKalousa Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNDON, BRADLEY P Street Address (P.O. Bownumber is Not Acceptable) 25 WALTER MARTIN ROAD STE 201 FORT WALTON BEACH, FL 32548 lton -01 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 title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition HERNDON, BRADLEY P NAME NAME STREET ADDRESS STREET ADDRESS 25 WALTER MARTIN ROAD STE 201 CITY-ST-ZIP FORT WALTON BEACH, FL 32548 CITY-ST-ZIP Fort Walton Beach TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THUE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE 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

12. Thereby cortify that the information supplied with this filling 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 of further empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if Int with an address, with all other like empowered. changed, or on an attach

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED