2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# P06000153066

Entity Name: HOLSTROM ENTERPRISES, INC.

Current Principal Place of Business:

1504 MEADOWRIDGE DRIVE
VALRICO, FL 33594 US

New Principal Place of Business:

1504 MEADOWRIDGE DRIVE
VALRICO, FL 33596 US

Current Mailing Address:

1504 MEADOWRIDGE DRIVE
VALRICO, FL 33594 US

New Mailing Address:

1504 MEADOWRIDGE DRIVE
VALRICO, FL 33596 US

FEI Number: 20-8053233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLSTROM, RAYMOND
1504 MEADOWRIDGE DRIVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

HOLSTROM, RAYMOND
1504 MEADOWRIDGE DRIVE
VALRICO, FL 33596 US

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.

SIGNATURE: 01/07/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOLSTROM, RAYMOND
Address: 1504 MEADOWRIDGE DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOLSTROM, RAYMOND
Address: 1504 MEADOWRIDGE DRIVE
City-St-Zip: VALRICO, FL 33596 US

Title: VP ( ) Change (X) Addition
Name: HOLSTROM, KIMBERLY A
Address: 1504 MEADOWRIDGE DRIVE
City-St-Zip: VALRICO, FL 33596 US

Title: S ( ) Change (X) Addition
Name: HOLSTROM, RAYMOND
Address: 1504 MEADOWRIDGE DRIVE
City-St-Zip: VALRICO, FL 33596 US

Title: T ( ) Change (X) Addition
Name: KIMBERLY, HOLSTROM A
Address: 1504 MEADOWRIDGE DRIVE
City-St-Zip: VALRICO, FL 33596 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND HOLSTROM P 01/07/2008
Electronic Signature of Signing Officer or Director — Date