## **2008 FOR PROFIT CORPORATION**

SIGNATURE:

SIGNATURE AND TYPED OF

enneth

TO NAME OF SIGNING OFFICER OR DIRECTOR

President

## Apr 07, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P06000153848 04-07-2008 90024 024 \*\*\*150.00 DULUTH I SPRINGING MEMBER CORP. Principal Place of Business Mailing Address 3700 AIRPORT RD., SUITE 401 3700 AIRPORT RD., SUITE 401 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box.# 3. Mailing Address 2101 W Commercial Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 Chg-P CR2E034 (12/06) Suite 2800 City & State City & State 4. FEI Number Applied For Fort Lauderdale, 05-1267052 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33309 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALTINO, VINCENT J Street Address (P.O. Box Number is Not Acceptable) 2101 W. COMMERCIAL BLVD., SUITE 2800 FT. LAUDERDALE, FL 33309 Zip Code City FL 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. (NQTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if approable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Addition Change ☐ Defete TITLE TULE SHIMM, KENNETH I NAME HAME STREET ADDRESS 3700 AIRPORT RD., SUITE 401 STREET ADDRESS BOCA RATON, FL 33431 CHY-ST-ZIP CHY-SI-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY- ST-ZIP ☐ Change Addition ☐ Defete TITLE HILE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CIE7 - \$1 - ZIP ☐ Change ☐ Addition ☐ Delete TITLE THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete HHE THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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.

FILED