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FILED

Jul 14, 2008 8:00 am Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

06-10-2008 90001 022 ***150 00 **DOCUMENT # P06000156805** 1. Entity Name FREDERICK DAULEY, P.A. Principal Place of Business Mailing Address 66015310 12980 SW 48TH STREET **12980 SW 48TH STREET** SOUTHWEST RANCHES, FL 33330 SOUTHWEST RANCHES, FL 33330 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #. etc. 05052008 Chg-P CR2E034 (12/06) City & State City & State Applied For APPLIED FOR 20-80 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAULEY, FREDERICK 12980 SW 48TH STREET Street Address (P.O. Box Number is Not Acceptable) SOUTHWEST RANCHES, FL 33330 Zip Code 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. Signatura? Ayped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delate ITTLE Change Addition DAULEY, FREDERICK NAME NAME STREET ADDRESS 12980 SW 48TH STREET STREET ADDRESS CITY-ST-ZIP SOUTHWEST RANCHES, FL 33330 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition DAULEY, FREDERICK NAME NAME STREET ADDRESS 12980 SW 48TH STREET STREET ADDRESS SOUTHWEST RANCHES, FL 33330 CITY-ST-ZIP CITY-ST-71P ☐ Delete ☐ Change ☐ Addition TITLE NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delate TIFLE ☐ Change ☐ Addition NAME MASSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Delete ☐ Addition TITLE TO F MANE STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 is 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 of 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 chapter 607 an apatiactment with an address, with all other like empowered. SIGNATURE: