2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 22, 2008 08:00 AM **DOCUMENT # P07000008926 Secretary of State** THE PANSLER LAW FIRM, P.A. Mailing Address Principal Place of Business 223 N FLORIDA AVE 223 N FLORIDA AVE LAKELAND, FL 33801 LAKELAND, FL 33801 01122008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-8147209 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PANSLER, KARL F ESQ DO NOT WRITE 223 N FLORIDA AVE LAKELAND, FL 33801 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE-IS \$150.007 U00000790320 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME PANSLER, KARL F 223 N FLORIDA AVE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 ply 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 this ee 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 all all dress, with all other like empowers.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR