2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 05, 2008 8:00 am Secretary of State DOCUMENT # P07000013989 03-05-2008 90023 046 ***150.00 BUCKINGHAM EDITORIAL SERVICES, INC. Principal Place of Business Mailing Address 4 U U U U V * ~ 3901 HIELD RD. 3901 HIELD RD. PALM BAY, FL 32907 PALM BAY, FL 32907 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-8346248 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BUCKINGHAM, MICHELE** 3901 HIELD RD. Street Address (P.O. Box Number is Not Acceptable) PALM BAY, FL 32907 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 мау Ве · 5 TILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:1.1 -TITLE ☐ Defete TITLE ☐ Change ☐ Addition BUCKINGHAM, MICHELE NAME . NAME STREET ADDRESS 3901 HIELD RD. STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32907 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BUCKINGHAM, W. BRUCE NAME STREET ADDRESS 3901 HIELD RD. STREET ADDRESS CITY-ST-7IP PALM BAY, FL 32907 City-St-ZIP TITLE ☐ Delete ■ Addition TITLE ☐ Change BUCKINGHAM, KIMBERLY F NAME NAME STREET ADDRESS 3901 HIELD RD: STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32907 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME BUCKINGHAM, SCOTTAL NAME STREET ADDRESS 3901 HIELD RD. STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32907 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY_ST_7IP TITLE Delete TITLE Change 113 🖸 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP " ... CITY-ST-ZIP 12. 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 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