2008 FOR PROFIT CORPORATION

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 10, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P07000014992** 07-10-2008 90015 004 ***550.00 RADACI CONSULTING SERVICES, INC. Principal Place of Business Mailing Address 9736 VINEYARD CT 9736 VINEYARD CT 40110125 BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07022008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-8402419 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIRSCHNER, MITCHELL B Street Address (P.O. Box Number is Not Acceptable) 1801 N MILITARY TRAIL SUITE 200 **BOCA RATON, FL 33431** City 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT Gerald S. Radaci TITLE Delete TITLE K Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 9736 VINEYARD COURT CiTY-ST-7IP CITY-ST-ZIP BOCA RATON FL. 33428 VICE PRESIDENT TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME MICHAEL J. RADACI STREET ADDRESS 9136 VINEYARD COURT BOCA RATON FL. 33428 STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 the empowered.

FILED