2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# P07000017929

Entity Name: ENDOSCOPE REPAIR, INC.

Current Principal Place of Business:

5757 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

New Principal Place of Business:

5757 BLUE LAGOON DRIVE
SUITE 235
MIAMI, FL 33126 US

Current Mailing Address:

5757 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

New Mailing Address:

5757 BLUE LAGOON DRIVE
SUITE 235
MIAMI, FL 33126 US

FEI Number: 68-0645702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KROPP, JENNIFER
5757 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

KROPP, JENNIFER
5757 BLUE LAGOON DRIVE
SUITE 235
MIAMI, FL 33126 US

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.

SIGNATURE: _____ 01/16/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: KROPP, JENNIFER
Address: 5757 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: PRES ( ) Delete
Name: KROPP, JENNIFER
Address: 5757 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: VP ( ) Delete
Name: KROPP, JENNIFER
Address: 5757 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: SEC ( ) Delete
Name: KROPP, JENNIFER
Address: 5757 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: TREA ( ) Delete
Name: KROPP, JENNIFER
Address: 5757 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER KROPP DIR 01/16/2008
Electronic Signature of Signing Officer or Director — Date