## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 24, 2008 8:00 am Secretary of State DOCUMENT # P07000020320 04-24-2008 90093 020 \*\*\*158.75 DOWN RIVER CEILING & PARTITION INC. Principal Place of Business Mailing Address 40079057 3237 CLINT MOORE RD. 3108 LAKE SHORE DR. DEERFIELD BEACH, FL 33442 208 BOCA RATON, FL 33496 3. Mailing Address 3108 LakeShare Dr 2. Principal Place of Business - No P.O. Box # Shore Dr 3108 Lake Suite, Apt. #, etc. Suite, Apt. #, etc. 04152008 CR2E034 (12/06) City & State 4. FEI Number 20 - 8461111 Applied For beaut torida 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 GREENE, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 3237 CLINT MOORE RD. 208 BOCA RATON, FL 33496 Zio 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. 4/18/08 Kobert J Greene 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Addition TITLE GREENE, ROBERT J NAME NAME 3108 Lake Shore Dr. STREET ADDRESS 3237 CLINT MOORE RD. #208 STREET ADDRESS Decraeld Beaut A 33442 BOCA RATON, FL 33496 CITY - ST - ZIP CITY-ST-ZIP VP Delete TITLE PVICE President Addition TITLE GREENE, DENNAE E NAME NAME Robert W Greene 3108 Lake Shore Dr. Deerheld Beach Pl 33442 3237 CLINT MOORE RD #208 STREET ADDRESS STREET ADORESS BOCA RATON, FL 33496 CITY-ST-ZIP CITY-ST-ZIP SEC ★ Change ☐ Addition \_\_ Delete TITLE TITLE GREENE, DENNAE E 3108 Lake Share Dr. NAME NAME STREET ADORESS 3237 CLINT MOORE RD. #208 STREET ADDRESS Dearfield Beaut 19 33442 CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED

954-482-0783