2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P07000030248 03-10-2008 90059 041 ***150.00 ASSESSMENT & DEVELOPMENT CONCEPTS, INC. Principal Place of Business Mailing Address 107 CITRONA DRIVE... 107 CITRONA DRIVE FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL. 32034 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2654 White Blossom Circle 6654 white Alossom Circle Suite, Apt. #, etc. Suite, Apt. #, etc. 03032008 CR2E034 (12/06) City & State Applied For 4. FEI Number - 1523528 Jackson vi lle Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Karn FULTON, KARIN Street Address (P.O. Box Number is Not Acceptable) 107_CITRONA DRIVE FERNANDINA-BEACH: FL-32034 6654 White Blossom Zip Code 3225 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. KaRIN SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE 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 11 TITLE ☐ Delete TITLE ■ Addition FULTON, KARIN NAME MARIF Fulton, Karin 1750 PICKWICK PLACE STREET ADDRESS STREET ADDRESS white CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP TETLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME MARIE 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. 904 7032396 KaRIN FULTON

FILED

Mar 10, 2008 8:00 am