2008 FOR PROFIT CORPORATION

Feb 14, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P07000036883 02-14-2008 90029 027 ***150 00 SIMPLE SUCCESS STRATEGIES, INC. Principal Place of Business Mailing Address **5000 SIGNATURE COURT 5000 SIGNATURE COURT** HAYMARKET, VA 20169 US HAYMARKET, VA 20169 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 25801 20 - 88 Not Applicable Zip Country 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 Name THE BARTHET FIRM Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD. **SUITE 1800** MIAMI, FL 33131 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. It 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition SVENSON, NICOLE NAME NAME STREET ADDRESS **5000 SIGNATURE COURT** STREET ADDRESS CITY-ST-ZIP HAYMARKET, VA 20169 CITY-ST-ZIP TITLE ☐ Change ☐ Delete TIFLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME

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 like empowered. 3022750876

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Nicole Barthet

FILED

Daytime Phone #