-2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 16, 2008 8:00 am Secretary of State DOCUMENT # P07000051044 04-16-2008 90025 031 ***150.00 REBOLTA CORPORATION, INC Principal Place of Business Mailing Address 91885 OVERSEAS HWY 22 GORDON CIR TAVERNIER, FL 33070 US KEY LARGO, FL 33037 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1240 N 1240 Suite, Apt. #, etc. Suite, Apt. #, etc. 03042008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 20-8929869 Homeste Not Applicable Country Country \$8.75 Additional S.S. A 5. Certificate of Status Desired ซี.sA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REBOLTA, NELLY Street Address (P.O. Box Number is Not Acceptable) 22 GORDON CIR KEY LARGO, FL 33037 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. I am familiar with, and accept the obligations of registered/agent. **SIGNATURE** Signature, typed or 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$1,50.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME REBOLTA, NELLY NAME , STREET ADDRESS 22 GORDON CIR STREET ADDRESS KEY LARGO, FL 33037 CITY-ST-ZIP CITY-ST-ZIP me ☐ Detete MILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 w with all other like empowe