2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 23, 2008 8:00 am Secretary of State DOCUMENT # P07000054513 1. Entity Name 04-23-2008 90037 022 ***150.00 DRBATTEYCOLLECTS.COM INC. Principal Place of Business Mailing Address 2380 SUNSET POINT RD CLEARWATER FL 33765 US 2380 SUNSET POINT RD CLEARWATER FL 33765 2. Principal Place of Business - No P.O. Box # 101 1, GAR OW AVE Suite, Apt. #, etc. 5. GARREW 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For CLEARW CLEARWA Not Applicable \$8.75 Additional 5. Certificate of Status Desired DIMISTUM Fee Required OIMELLY 5 Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BATTEY, D. MICHAEL 2380 SUNSET POINT RD. Street Address (P.O. Box Number is Not Acceptable) **GLEARWATER FL 33765** AUG GARIJEM ing its registered office or registered agent, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this the obligations of registe DATE ied Agert signatura required v FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ĊEO Addition TITLE Deiete TITLE Change BATTEY, D. MICHAEL NAME NAME 2380 SUNSET POINT RD. 107 S. CARDOWN AND STREET ADDRESS STREET ADDRESS LEARWATER FL 33765 CLONEWARER, 33156 CITY-ST-ZIP CITY-ST-7/P PRESIDURA ☐ Delete TITLE ☐ Change ☐ Addition TITLE WOODBURY, DUSTI NAME 2380 SUNSET POINT RD. 409 3. COARDWAL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEARWATER FL 99765 CITY-ST-ZIP TITLE Change Addition TITLE HAFAE STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ■ Addition 113: F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME 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 Section 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.

FILED