2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 14, 2008 8:00 am Secretary of State

ANNOAL KLI OKI					, Secretary or State			
DOCUMENT # P0700056740 1. Entity Name CONSIDER KAYDEE, INC.						08-14-2008	90002 034 ***15	
Principal Plac	e of Business	Mailing Address	•		4011	9010		
	IUNIPER COURT	7127 BLUE JUNIPER COL	JRT					
# 201	21.0001.7	# 201						
NAPLES, FL	34109 US	NAPLES, FL 34109	JS			I COM ICON BONI COM	\$8 11 8 118 8	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address SO Meadowland by Apt 6 SO Meadow				<i>ک</i> ر				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			05212008	Chg-P	CR2E034 (12/06)	
City & Stat	e	City & State	,		4. FEI Numb			plied For
Napl	es, FL	Naples, F	<u></u>		33 <u>- 11</u>	65025		t Applicable
2410	8 Country A	24108	USA		5. Certificate	of Status Desired	□ \$8.75 Add Fee Require	
<u>ي ا رو</u>	6. Name and Address of Current F	Registered Agent	0011		7. Name and	Address of New R	egistered Agent	
CAFFREY KEVIND						Caffren	(
CAFFREY, KEVIN R 7127 BLUE JUNIPER COURT Street Address (P.O. Box Numb	er is Not Acceptable	Dala A	a) (-
# 201				9 0_	read	كالعالمم	DUNE Y	610
NAPLES,	FL 34109							
	•		City	20-0	les		FL BY	108
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 Signally 1, typed or printed name of repulsed agent and title happlicable. (NOTE Registered Agent signature required when refristating) DATE								
	70							
					.00 May Be ed to Fees		vith s. 607.193(2)(b), not receive the prior r	
			I 44		ABBITIONS	CHANGES TO OFF	CERC AND DIRECTOR	0 151 44
10.	OFFICERS AND I		11.	P	AUDITIONS,	CHANGES TO OFFI	CERS AND DIRECTOR: Change	Addition
TITLE NAME	CAFFREY, KEVIN R	☐ Delete	NAME	Ker	vin co	effrey	- -	
STREET ADDRESS	7127 BLUE JUNIPER COURT, #2	201	STREET ADDRESS	800	Meade	owland D	rive_Apt@	>
CATY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	No	an les	FL34	1108	
TITLE		☐ Delete	TITLE		7		☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				Change	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	ABBIIION
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				Chases	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY+ST-ZIP			CITY-\$1-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-SI-ZIP			CITY-ST-ZIP	1				

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 with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED WAR OF SIGNING OFFICER OR DIRECTOR

05.11-08 Date 239 592 1503

Keuin R. Cattrey