2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 31, 2008 8:00 am Secretary of State **DOCUMENT # P07000060817** 03-12-2008 90036 033 ***150.00 1 Entity Name SCHROEDER PROFESSIONAL SERVICES INC. Mailing Address Principal Place of Business 8644 NW 29TH DRIVE 8644 NW 29TH DRIVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No.P.O. Box # 8120 NW SI STREET 3. Mailing Address 8120 NW SI Street Suite, Apt. #, etc 03262008 CR2E034 (12/06) City & State Lauderhill City & State 4. FEI Number Applied For auder hill PL 26-0193751 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3351 USA 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Schroeder SIMPSON, DIANE 8644 NW 29TH DRIVE CORAL SPRINGS, FL 33065 8120 NW SI Street 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 Andrea L. Schroeder SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 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 P/D TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHROEDER, ANDREA L NAME NAME **8120 NW 51ST STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 33351 CITY-ST-ZIP TITLE Delete TETLE ☐ Change ☐ Addition SCHROEDER, ANDREA L NAME NAME STREET ADDRESS 8120 NW 51ST STREET STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 33351 City-St-Zip VP/D TITLE ☐ Delete TITLE ☐ Change -- ☐ Addition SCHROEDER, RICHARD F NAME NAME STREET ADDRESS 8120 NW 51ST STREET STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 33351 CITY-ST-ZIP ☐ Delete TELLE TITLE ☐ Change ☐ Addition SCHROEDER, RICHARD F NAME NAME STREET ADDRESS **8120 NW 51ST STREET** STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 33351 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Andrea L. Schroeder

FILED

2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/12/2008-90036-033-\$150.00-\$150.00

DOCUMENT # P0700060817 1. Entity Name SCHROEDER PROFESSIONAL SERVICES INC.					ATTACHMENT			
Principal Place of Business 8644 NW 29TH DRIVE CORAL SPRINGS, FL 33065		Mailing Address 8644 NW 29TH DRIVE CORAL SPRINGS, FL 33065		<i>.</i>	66		6005573	
2. Principal Place of Business. No P.O. Box # 3. Mailing Address \$120 NW 5 Suite, Apt. #, etc. Suite, Apt. #, etc.				Street	02112008	Ob - D	ODOFO04 (4D/00	
Fity & State	adill D	City & State	iy & State and I			Chg-P er		Applied For
Lucern		Zip 2251 Coun		<u>, M</u>		<u>,-01937</u>	- \$0.75 ·	lot Applicable
333°	5 - 6. Name and Address of Current R	33371	 -		<u></u>	of Status Desired Address of New R	Fee Requir	
SIMPSON, DIANE				Name Andrea L. Schnoeder				
8644 NW 29TH DRIVE CORAL SPRINGS, FL 33065				Street Address (er is Not Acceptable	treet	
			}	City (a	uderhi	:(/	FL ZinCo	251
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 physicistered agent. Andrea L. Schroede.—								
SIGNATURE Undrea L. Schroeder President 3/3/2008- SIgnature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature isonature inspained when refinishing) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	. OFFICERS AND D		11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	
NAME	SCHROEDER, ANDREA L		TITLE				Change	Addition
STREET ADDRESS City-S1-ZIP			CITY-SI	ADORESS I-ZIF				
TITLE NAME	T SCHROEDER, ANDREA L	□ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	8120 NW 51ST STREET LAUDERHILL, FL 33351		STREET (ADDRESS T-ZIP]
TITLE	VP/D SCHROEDER, RICHARD F	☐ Delote	TITLE				Change	Addition
STREET ADDRESS CITY-ST-ZIP	8120 NW 51ST STREET LAUDERHILL, FL 33351	,		ADDRESS 1-zip		_		_
TITLE NAME	S SCHROEDER, RICHARD F	☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	8120 NW 51ST STREET LAUDERHILL, FL 33351			ADORESS 1-ZIP				
TITLE		☐ Oelete	IME				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET /	ADDRESS 1-ZIP				
TITLE		☐ Deleta	TITLE				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				ADDRESS 1-ZIP			·	
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 of an aractment with an address, with all other like empowered. Andrea L. Schroeder								
SIGNATURE: CINCLEA L. Schroeder President 2/1/08 (954-240-321) BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER DR. DESCRIPTION OF DES								