2008 FOR PROFIT CORPORATION

Apr 14, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P07000070949** 04-14-2008 90034 038 ***150.00 RYBEC SIGNS AND GRAPHICS, INC. Principal Place of Business Mailing Address 5119-B W. KNOX ST. 5119-B W. KNOX ST. 1000:=· **TAMPA, FL 33634** TAMPA, FL 33634 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 65-1311937 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAW, BILLY M Street Address (P.O. Box Number is Not Acceptable) 550 N. REO STREET SUITE 300 TAMPA, FL 33609-1013 City 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 printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 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. TITLE Delete TITLE Ð Change ☐ Addition NAME COTON, RALPH H NAME COTON, RALPH H. STREET ADDRESS 1749 S. HIGHLAND AVE. STREET ADDRESS 3815 LANCASTER CT. APT. 204 CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP PALM HARBOR, FL. 34685 TITLE ☐ Delete TITLE ☐ 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-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: MA

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

NAME

Delete

113-844-9551

☐ Change

☐ Addition

FILED