2008 FOR PROFIT CORPORATION

SIGNATURE:

Jan 24, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P07000081088** 1. Entity Name 01-24-2008 90037 041 ***150.00 ROMANO G & N, INC. Principal Place of Business Mailing Address 5250 LOOKOUT PASS 5250 LOOKOUT PASS WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 901 W. Brandon Blvd Brandon Blvd 101 V-Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 CR2E034 (12/06) Applied For 4. FEI Number City & State City & State FL Brandon FL 77-0692209 Not Applicable brandon Country 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 MANASAKIS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 5250 LOOKOUT PASS WESLEY CHAPEL, FL 33544 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, typed or printed name of registered agent and title if applicable. DATE (NO1E: Registered Agen; signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. SAVOUIDAKIS-WIKOLAOS TITLE ☐ Delete SAVOUIDAKIS, GEORGE NAME 1006 DRUID ROAD STREET ADDRESS STREET ADDRESS SPRING HILL, FL 34609 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE MANASAKIS, GEORGE NAME STREET ADDRESS STREET ADDRESS 5250 LOOKOUT PASS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-7/P ☐ Change - - ☐ Addition Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 cath; 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

Daytime Phone #

Date