FILED Mar 24, 2008 8:00 am Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000089492 1. Entity Name MOBILE-EQUINE INC.						03-04-200	08 90011 038 **	···150.00
Principal Plac	e of Business	Mailing Address						
103 MARKH								
103 MARKHAM CT. LONGWOOD, FL 32779 LONGWOOD, FL 32779						04761)	(17112) (1 122)
2. Principal P	Made of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112008	Chg-P	CR2E034 (12/06	·
City & Stat		City & State			4. FEI Numb	-07038	57 H	opplied For lot Applicable
,Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired	See Requir	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
NRALSER	IVICES, INC.	Na Tig						
2731 EXECUTIVE PARK DR., STE. 4 WESTON, FL 33331				Street Address (P.O. Box Number is Not Acceptable)				
		-		City			FL Zip Co	de
9. The shore	named antiby cubmits this elatement i	or the overnoes of changing its	· register	ad office or registe	rad agget or be	on in the State of Ele		nind account
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 replainmed agent and title if applicable. (NOTE: Requisited Agent applicable required when retrigiting) DATE								
Signature, typed or priviled nemvior ingristered agent and title if applicable. (NOTE: Registered Agent agent inguitined when reinstating) DATE								
	E'NOW!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550		.00 May Be >.					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE	DPTS	☐ Delete	TITL	l l			☐ Change	☐ Addition
NAME STREET ADDRESS	BERNHARDT, THOMAS			EET ADJORESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE	DV Delete TAT			E			☐ Change	Addition
NAME	BERNHARDT, DANIAL			- 1				
STREET ADDRESS CITY-ST-ZIP				EET AOORESS -ST-ZIP				
mr.E	LONGWOOD, FL 32/79					Change	Addition	
NAME		C) Delitte	MAN				广] triesing	ADDITION
STREET ADDRESS			STR	TET ADDRESS				
.CITY-ST-ZIP				- ST - ZIO	-			
TITLE NAME		☐ Delete	TITE Nam	I			Change	☐ Addition
STREET ADDRESS				ET ADDRESS				
CITY-\$T-ZIP			CITY	- ST - ZIP				
TITLE		☐ Delete	TITL	1			☐ Change	☐ Addition
STREET ADDRESS			MAN	EET ADDRESS				
CITY-ST-ZIP				-S1-ZIP				
TITLE		☐ Delete	FIJL			 	☐ Change	Addition .
NAME			NAM					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP			•	ļ
	certify that the information supplied wi	th this filing does not qualify h			d in Chapter 119), Florida Statutes. I	further certify that the	information
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 of the corporation or the receiver or flustee 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: 1/ MC 2/11/2008 (407)617-974								