2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2008
Secretary of State

DOCUMENT# P07000108116

Entity Name: DARWIN INNOVATIONS CORPORATION

Current Principal Place of Business:

1628 S.E. SHELBURINE WAY
PT ST LUCIE, FL 34952

New Principal Place of Business:

1628 S.E. SHELBURNIE WAY
PT ST LUCIE, FL 34952

Current Mailing Address:

1628 S.E. SHELBURINE WAY
PT ST LUCIE, FL 34952

New Mailing Address:

1628 S.E. SHELBURNIE WAY
PT ST LUCIE, FL 34952

FEI Number: 26-1795578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WORKENS, MONICA L
1628 S.E. SHELBURINE WAY
PT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

WORKENS, MONICA L
1628 S.E. SHELBURNE WAY
PT ST LUCIE, FL 34952 US

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.

SIGNATURE: 01/27/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WORKINS, MONICA L
Address: 1628 S.E. SHELBURINE WAY
City-St-Zip: PT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA L. WORKENS PRES 01/27/2008
Electronic Signature of Signing Officer or Director — Date