2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P07000121467

Entity Name: MEISTERS BOOKKEEPING SERVICES, INC.

Current Principal Place of Business:

3640 BROOKLYN AVE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

21362 WALLING CT
PORT CHARLOTTE, FL 33954

Current Mailing Address:

21362 WALLING CT
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 26-1360754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEISTER, NANCY T
3640 BROOKLYN AVE
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

MEISTER, NANCY T
21362 WALLING CT
PORT CHARLOTTE, FL 33954 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: 04/28/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MEISTER, NANCY T
Address: 3640 BROOKLYN AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP ( ) Delete
Name: MEISTER, NANCY T
Address: 3640 BROOKLYN AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SEC ( ) Delete
Name: MEISTER, NANCY T
Address: 3640 BROOKLYN AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TRES ( ) Delete
Name: MEISTER, NANCY T
Address: 3640 BROOKLYN AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MEISTER, NANCY T
Address: 21362 WALLING CT
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VP (X) Change ( ) Addition
Name: MEISTER, NANCY T
Address: 21362 WALLING CT
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: SEC (X) Change ( ) Addition
Name: MEISTER, NANCY T
Address: 21362 WALLING CT
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: TRES (X) Change ( ) Addition
Name: MEISTER, NANCY T
Address: 21362 WALLING CT
City-St-Zip: PORT CHARLOTTE, FL 33952

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: NANCY MEISTER PRES 04/28/2008
Electronic Signature of Signing Officer or Director — Date