2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# P07000121972

Entity Name: LAYNE E. COCHRAN, CPA P.A.

Current Principal Place of Business:

2527 SEVEN SPRINGS BLVD
TRINITY, FL 34655 US

New Principal Place of Business:

6911 STATE RD 54
NEW PORT RICHEY, FL 34653 US

Current Mailing Address:

2527 SEVEN SPRINGS BLVD
TRINITY, FL 34655 US

New Mailing Address:

6911 STATE RD 54
NEW PORT RICHEY, FL 34653 US

FEI Number: 26-1392597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COCHRAN, LAYNE E
12807 OAKELLER DR
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

COCHRAN, LAYNE E
13310 SHADBERRY LN
HUDSON, FL 34667 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: 01/21/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: COCHRAN, LAYNE E
Address: 12807 OAKELLER DR
City-St-Zip: HUDSON, FL 34667 US

Title: D ( ) Delete
Name: COCHRAN, LAYNE E
Address: 12807 OAKELLER DR
City-St-Zip: HUDSON, FL 34667 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: COCHRAN, LAYNE E
Address: 13310 SHADBERRY LN
City-St-Zip: HUDSON, FL 34667 US

Title: D (X) Change ( ) Addition
Name: COCHRAN, LAYNE E
Address: 13310 SHADBERRY LN
City-St-Zip: HUDSON, FL 34667 US

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: LAYNE E COCHRAN PVST 01/21/2009
Electronic Signature of Signing Officer or Director — Date