2008 FOR PROFIT CORPORATION

ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State **DOCUMENT # P07000134214** 04-28-2008 90378 043 ***150.00 1. Entity Name LECOL ENTERPRISE, INC. Principal Place of Business Mailing Address գլլյսս 5455 NW SOUTH CRISONA COURT 5455 NW SOUTH CRISONA COURT PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34986 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent USA-RA, LLC 841 PRUDENTIAL DR., FLR. 12-6491007 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32207 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P.S TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CAMPBELL, LEANDUS A NAME STREET ADDRESS 5455 NW SOUTH CRISONA COURT STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34986 CITY-ST-ZIP VP,T TITLE . Delete TITLE ☐ Change ☐ Addition CAMPBELL, CAROLLINE E NAME STREET ADDRESS 5455 NW SOUTH CRISONA COURT STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34986 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

I hereby certify that the information supplied with this filing 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 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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

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CITY-ST-ZIP

TITLE

TITLE

NAME

☐ Delete

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SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

INTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Channe

☐ Change

☐ Addition

☐ Addition

FILED