2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008
Secretary of State

DOCUMENT# P92000008713

Entity Name: WESTBOURNE, INC.

Current Principal Place of Business:

605 LINCOLN RD
5TH FLOOR
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 403337
MIAMI BEACH, FL 331401337 US

New Mailing Address:

FEI Number: 65-0376194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAZAR, BRUCE E
805 LINCOLN RD
5TH FLOOR
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

LAZAR, BRUCE E
605 LINCOLN RD
5TH FLOOR
MIAMI BEACH, FL 33139 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: 03/21/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COONEY, JOHN W
Address: 3190 VIA ABITARE
City-St-Zip: COCONUT GROVE, FL 33133

Title: V ( ) Delete
Name: LAZAR, BRUCE E
Address: 2843 S. BAYSHORE DR. #7-B
City-St-Zip: COCONUT GROVE, FL

Title: ST ( ) Delete
Name: COONEY, KENNETH J
Address: 3190 VIA ABITARE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COONEY, JOHN W
Address: 3190 VIA ABITARE
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD (X) Change ( ) Addition
Name: LAZAR, BRUCE E
Address: 2843 S. BAYSHORE DR. #7-B
City-St-Zip: COCONUT GROVE, FL

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: JOHN W COONEY PD 03/21/2008
Electronic Signature of Signing Officer or Director — Date