

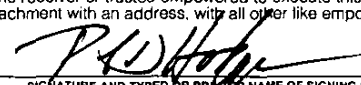


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000016804						
1. Entity Name FLORIDA FILING & SEARCH SERVICES, INC.						
Principal Place of Business 155 OFFICE PLAZA DRIVE SUITE A TALLAHASSEE, FL 32301		Mailing Address P.O. BOX 10662 TALLAHASSEE, FL 32302				
DO NOT WRITE IN THIS SPACE						
		<div>FILED 08 APR 25 PM 3:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div></div> <div>04252008 No Chg-P CR2E034 (11/05)</div> <table border="1"><tr><td>4. FEI Number 59-3185918</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-3185918	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-3185918	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent HODGE, PAUL D 155 OFFICE PLAZA DRIVE SUITE A TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HODGE, PAUL D P.O. BOX 10662 TALLAHASSEE, FL 32302					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HODGE, ABBIE P P.O. BOX 10662 TALLAHASSEE, FL 32302					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
DO NOT WRITE IN THIS SPACE						
12. 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.						
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div>500125875105</div> <div>4/25/08 <small>Date</small></div> <div><small>Daytime Phone #</small></div>				

P93000016804
FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 04-25-08

NAME: Florida Filing & Search Services, Inc.

TYPE OF FILING: Annual Report

COST: \$150.00

RETURN: "filed" copy

RECEIVED
08 APR 25 PM 2:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE



FILED
08 APR 25 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA