2008 FOR PROFIT CORPORATION

FILED Apr 09, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P93000064580** 1. Entity Name NUA, P.A. Principal Place of Business Mailing Address 2726 64TH ST. NORTH 2726 64 STREET NORTH SAINT PETERSBURG, FL 33710 SAINT PETERSBURG, FL 33710 04022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0445715 Not Applicab \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRAYNOR, D P DO NOT WRITE 2800 65TH WAY NORTH SAINT PETERSBURG, FL 33710 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) D00000038781 014 150.00 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 OFFICERS AND DIRECTORS 10. DP TITLE NAME TRAYNOR, ANTHONY M STREET ADDRESS 2726 64TH ST. NORTH SAINT PETERSBURG, FL 33710 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 pame appears in Block 10 or Block 11 is chapted or or an ettachment with an address, with all others that I am an officer or director.

nne NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS