2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2008 08:00 AM Secretary of State

| | AIIIIVAL | ILLI OILI | · · · · · · · · · · · · · · · · · · · | 1 | Secreta | rv of Sta |
|---|--|---------------------------------------|--|-------------------------------------|--------------------------------|-------------------------------|
| 1. Entity Nan | | | Secretary of Sta | | | |
| RUHAMA | A'S/BOOKS IN THE SAND, IN | C. | | | | |
| Principal Place | ce of Business | Mailing Address PO BOX 1672 | | | | |
| BOCA GRANDE, FL 33921 BOCA GRANDE, FL 33921 | | | US | | | |
| · | | | | | | |
| | | | | 01282008 No C | Chg-P CR2E034 (1 | 1/05) |
| DO NOT WRITE IN THIS SPA | | | CE | 4. FEI Number 65-0440445 | | Applied For Not Applicable |
| | | | | 5. Certificate of Status | | 5 Additional equired |
| | 6. Name and Address of Current Re | gistered Agent | grafine Marilla 1000 - 100 | | | |
| DE PAULA, HOLLIS J 333 PARK AVE | | | | DO NO | T WRITE | |
| BOCA GRANDE, FL 33921 | | | | IN THIS | SPACE | |
| | | | | | | |
| | e named entity submits this statement for the tions of registered agent. | ne purpose of changing its registe | red office or register | ed agent, or both, in the S | State of Florida. I am familia | r with, and accept |
| SIGNATURE. | Signature typed or printed name of registered agent and | title il applicable (NOTE Register | ed Agent signature required | when reinstating) | DATE | |
| · | | 9. Election Campaign Fina | ancina | 00 May Be | | |
| After M | .E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | | | ed to Fees | | |
| 10. | OFFICERS AND DI | RECTORS | | | | |
| TITLE ' | DEPAULA, HOLLIS J | | | | | |
| STREET ADDRESS | 333 PARK AVE | | | gyjayılı il | Jaifahabah Paki | |
| CITY-ST-ZIP | BOCA GRANDE, FL 33921 | | | | | |
| TITLE NAME | | | | | J00000842052 🐇 | |
| STREET ADDRESS | | | | 03/ | 11/08-80013-002 | 2 155.00 |
| CITY-ST-ZIP | | | | | | |
| TITLE NAME | | | | | | |
| STREET ADDRESS | | | | DO NO | T WOITE | |
| CITY - ST-ZIP | | | | The same of the same of the same of | TWRITE | |
| TITLE NAME | | | | IN THIS | SPACE | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | | | | |
| TITLE NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| TITLE | | | The state of the s | Kirajilija | | |
| NAME | 1 | W. | | | | . 15 4-14 |

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 ceth; 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 pure like empowered.

CITY-ST-ZIP

SIGNATURE: Hollis de Paula, Pres. 2.25.08 (941)964580