2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 07, 2008 08:00 Al Secretary of State DOCUMENT # P93000075629 EDWARD J. ULLMANN, JR., P.A. Principal Place of Business Mailing Address 333 NW 70TH AVE 333 NW 70TH AVE 205 FORT LAUDERDALE FL 33317-2310 FORT LAUDERDALE FL 33317-2310 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 65-0450452 Not Applicable ŽiD Country **Country** \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUMSDEN, DENNIS J ESQ Street Address (P.O. Box Number is Not Acceptable) 6719 WINKLER RD. STE. 121 FORT MYERS FL 33919 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. Lam familiar with, and accept the culigations of registered agent. SIGNATURE Signature, typed or pratted name of registrated agent and title if applicable, (NOTE: Registered Agont sugal-time required when reinstating) FILE NOW!!! FEE-IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trus: Fued Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Dofete TITLE TITLE Change Addition ULLMANN, EDWARD J JR Halar STREET ADDRESS 333 NW 70TH AVE, STE 205 STREET ADDRESS CITY-ST-ZI? **PLANTATION FL 33317-2340** City-St-7tP TITLE ☐ Oerele TITLE 02/15/08-80058-010 950.00 NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CHTY-ST-ZIP ☐ De-ete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1/1LE ☐ De¹ete THEF Change ☐ Addition DAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-31-2₽ TITLE Deiele FITEE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-St-Zi€ CITY-SI-ZIP HILE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY+ST-ZIP

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 only that 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 charged, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNATURE OR DIRECTOR

Discreptore

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information