2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Jan 14, 2008 08:00 AF DOCUMENT # P93000076354 Secretary of State 1. Entity Name Callaboration INTERLOCKING PAVESTONES; INC. Principal Place of Business Mailing Address 5881 SHIRLEY ST 5881 SHIRLEY ST NAPLES, FL 34109 US NAPLES, FL 34109 US 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number * Current Regis 65-0448321 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DELDUCA, ANTHONY DO NOT WRITE 5881 SHIRLEY ST **NAPLES, FL 34109** 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) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 000000782503 000000782503 000000782503 000000782503 10. OFFICERS AND DIRECTORS TITLE DELDUCA, ANTHONY P NAME STREET ADDRESS 5881 SHIRLEY ST CITY-ST-ZIP NAPLES, FL 34109 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS

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 equired 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 er

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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-566-1202