

SIGNATURE: _

Feb 01, 2008 08:00 AN Secretary of State DOCUMENT # P93000078327 1. Entity Name KEVIN H. HENDRICKSON, P.A. Principal Place of Business Mailing Address 310 SOUTH SECOND ST 310 SOUTH SECOND ST FORT PIERCE, FL 34950 US FORT PIERCE, FL 34950 US 01292008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0449673 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HENDRICKSON, KEVIN H 310 SOUTH SECOND ST FORT PIERCE, FL 34950 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. inted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 000000810306 02/08/08-80059-024 150.00 10. OFFICERS AND DIRECTORS TITLE NAME HENDRICKSON, KEVIN H STREET ADDRESS 8280 HIDDEN PINES ROAD CITY-ST-7IP FORT PIERCE, FL 34950 TITLE NAME STREET ADDRESS City-St-2iP Branch Company TITLE NAME STREET ADDRESS DO:NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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

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