2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment w

Apr 16, 2008 8:00 am Secretary of State **DOCUMENT # P93000078359** 04-16-2008 90040 049 ***150.00 1. Entity Name **BOWLING OPERATION SERVICES, INC.** Principal Place of Business Mailing Address 60025076 21504 BELHAVEN WAY 21504 BELHAVEN WAY ESTERO, FL 33928 ESTERO, FL 33928 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062008 Cha-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 65-0445517 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALBRIGHT, RICHARD S Street Address (P.O. Box Number is Not Acceptable) 21504 BELHAVEN WAY ESTERO, FL 33928 Zip Code City 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 agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PVST ☐ Addition Change TITLE ☐ Delete TITLE ALBRIGHT, RICHARD S NAME NAME 21504 BELHAVEN WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP nne ☐ Change ☐ Addition TITLE ☐ Delete NAME ALBRIGHT, RICHARD S NAME STREET ADDRESS 21504 BELHAVEN WAY STREET ADDRESS ESTERO, FL 33928 CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 name appears in Block 10 or Block 11 if

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