2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 25, 2008 08:00 AM DOCUMENT # P94000004628 **Secretary of State** STUDIO ELEVEN, INC. Principal Place of Business Mailing Address 2365 PERIWINKLE WAY P.O. BOX 1790 SANIBEL, FL 33957 SANIBEL, FL 33957 No Chg-P CR2E034 (11/05) 02252008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0466968 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCMILLAN, LIBBY DO NOT WRITE 8636 SOUTHWIND BAY CIRCLE FORT MYERS, FL 33908 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, typed or printed 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 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 🕏 Added to Fees 10. OFFICERS AND DIRECTORS TITLE MCMILLAN, LIBBY NAME STREET ADDRESS 8636 SOUTHWIND BAY CIRCLE CITY-ST-ZIP FORT MYERS, FL 33908 U00000835940 02/29/08-80052-025 150.00 TITLE MC MILLAN, MICHAEL D STREET ADDRESS 8636 SOUTHWIND BAY CIRCLE CITY-ST-ZIP FORT MYERS, FL 33908 TITLE MCMILLAN, LIBBY NAME STREET ADDRESS 8636 SOUTHWIND BAY CIRCLE DO NOT WRITE CITY-ST-ZIP FORT MYERS, FL 33908 IN THIS SPACE TITLE MCMILLAN, LIBBY STREET ADDRESS 8636 SOUTHWIND BAY CIRCLE FORT MYERS, FL 33908 CITY-ST-ZIP TITLE NAMF... STREET ADDRESS

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP ... TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR