2008 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-S1-ZIP

SIGNATURE:

Jan 28, 2008 08:00 AM **Secretary of State** DOCUMENT # P94000006410 1. Entity Name PERFORMANCE INVESTMENTS, INC. Principal Place of Business Mailing Address 1077 PONTE VEDRA BLVD. P.O. BOX 5930 PONTE VEDRA BEACH, FL 32082 HUNTSVILLE, AL 35814 01112008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3222067 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRANT MOORE SAPP MACDONALD & WELLS P.A. DO NOT WRITE 50 NORTH LAURA ST. **SUITE 3100** IN THIS SPACE JACKSONVILLE, FL 32202 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) .. 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 OFFICERS AND DIRECTORS 10. TITLE NAME SHIELDS, JOHN H II STREET ADDRESS 1077 PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP U000000R00079 TITLE NAME SHIELDS, PATRICIA P STREET ADDRESS 1077 PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME

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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Date

Daytime Prione #

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED