2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 29, 2008 08:00 A Secretary of State **DOCUMENT # P94000007395** 1. Entity Name CAMBRIDGE WICKHAM, INC. Principal Place of Business Mailing Address 650 S NORTHLAKE BLVD 650 S NORTHLAKE BLVD STE 450 STE 450 ALTAMONTE SPRINGS, FL 32701 US ALTAMONTE SPRINGS, FL 32701 01232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3227603 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **DO NOT WRITE** LECCESE, JACQUELINE COS 650 S NORTHLAKE BLVD STE 450 ALTAMONTE SPRINGS, FL 32701 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 (NOTE: Registered Agent signature required when reinstating) 89022-013 158.75 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE LECCESE, JACQUELINE NAME STREET ADDRESS 650 S NORTHLAKE BLVD STE 450 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 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

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP TITLE

STREET ADDRESS CITY-ST-7IP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR