2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P94000017993 04-30-2007 90451 044 ***150.00 FLORIDA EXPORTS & IMPORTS INC. Principal Place of Business Mailing Address 6600 INDUSTRIAL DR 3345 FOWLER ST 40004-FORT MYERS, FL 33901 US B-9 FT. MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 13288 LITTLE GENCIR 13288 LITTLE GENCIR Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 CR2E034 (12/06) Chg-P City & State City & State 4. FE! Number Applied For FORT MY 71-0959927 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VARSHNEY, ASHOK KUMAR Street Address (P.O. Box Number is Not Acceptable) 6291 THOMAS ROAD FT. MYERS, FL 33912 Zip Code FI 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 print (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change ☐ Addition VARSHNEY, ASHOK KUMAR NAME NAME 6291 THOMAS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33912 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TID F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

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

Awarsher CICMATUDE.