

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/ **FILED**
Mar 20, 2008 8:00 am
Secretary of State

03-03-2008 90184 011 ***150.00

66004556

DOCUMENT # P94000023284 1. Entity Name PATIO LAND USA, INC.					
Principal Place of Business 1913 BEARSS AVE TAMPA, FL 33613			Mailing Address 1913 BEARSS AVE TAMPA, FL 33613		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-3233940	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUFKA, FRANK. P. O. BOX 690 LUTZ, FL 33548				7. Name and Address of New Registered Agent Name <u>SUFKA FRANK</u> Street Address (P.O. Box Number is Not Acceptable) <u>509 DUQUE RD</u> <u>LUTZ</u> City <u>FL</u> Zip Code <u>33549</u>	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and file if applicable.</small>		<u>FRANK J. SUFKA</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>3/14/08</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUFKA, FRANK P. O. BOX 690 LUTZ, FL 33548		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUFKA, FRANK 509 DUQUE RD LUTZ FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 another like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					