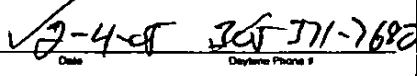


FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90008 035 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000031363			
1. Entity Name KRESSE & ASSOCIATES, INC.			
Principal Place of Business 44 WEST FLAGLER STREET 300 MIAMI, FL 33130		Mailing Address 44 WEST FLAGLER ST 300 MIAMI, FL 33130	
2. Principal Place of Business - No P.O. Box # 66 WEST FLAGLER STREET		3. Mailing Address 66 WEST FLAGLER STREET	
Suite, Apt. #, etc. 7th FLOOR		Suite, Apt. #, etc. 7th FLOOR	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33130	Country	Zip 33130	Country
4. FEI Number 65-0489090		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAXON, KYLE R 1700 ALFRED I. DUPONT BLDG. 169 E. FLAGLER ST. MIAMI, FL 33131		7. Name and Address of New Registered Agent Name SAXON, KYLE R Street Address (P.O. Box Number is Not Acceptable) C/O CATLIN SAXON, ET AL 2600 DOUGLAS ROAD, SUITE 1109 City CORAL GABLES FL Zip Code 33134	
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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PVST KRESSE, THOMAS J 44 WEST FLAGLER ST MIAMI, FL 33130 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 66 WEST FLAGLER STREET, 7th FLOOR MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 information.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	