2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 07, 2008 8:00 am Secretary of State DOCUMENT # P94000032640 04-07-2008 90052 033 ***158.75 RUSH SERVICES, INC. Principal Place of Business Mailing Address 2699 STIRLING RD. 2699 STIRLING RD. SUITE C-307 SUITE C-307 FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address MGN. Pine Island Rd 330 Weit 55 Street Suite, Apt. #, etc Suite, Apt. #, etc. 01142008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State M 65-0499342 lantation Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ろみみ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLEIER, HENRY Street Address (P.O. Box Number is Not Acceptable) 2699 STIRLING RD. SUITE C-307 FT. LAUDERDALE, FL 33312 J.te 118 Zip Code un kut, un 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change PSTD TITLE TITLE Delete RUSH, NOEL NAME NAME 330 West 55 Street, Apt. 2B 2699 STIRLING RD., SUITE C-307 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33312 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 ampowered 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 any indicate with all other like empowered.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #