2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 16, 2008 8:00 am **Secretary of State** DOCUMENT # P94000038537 01-16-2008 90045 036 ***150.00 PAIGE FINANCIAL, INC. Principal Place of Business Mailing Address 3830 NETHERLEE WAY 3830 NETHERLEE WAY WELLINGTON, FL 33467. WELLINGTON, FL 33467 33449 33449 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3244419 Not Applicable Zip 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 QUINN, ALAN Street Address (P.O. Box Number is Not Acceptable) 3830 NETHERLEE WAY WELLINGTON, FL-33462 33449 City Zip Code 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 regit SIGNATURE. ed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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. ☐ Addition TITLE ☐ Defete TITLE Change QUINN, ALAN H NAME NAME 3830 NETHERLEE WAY STREET ADDRESS STREET ADDRESS WELLINGTON, FL 20462 33445 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nn F ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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 expeditess, with all other like empowered.

ALAN H QUINN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED