2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2008 08:00 AN Secretary of State DOCUMENT # P94000076945 WASSERB OF THE TREASURE COAST, INC. Principal Place of Business Mailing Address 654 NE DIXIE HIGHWAY 654 NE DIXIE HIGHWAY JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0537379 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRESSAW, CATHERINE DO NOT WRITE 654 NE DIXIE HIGHWAY JENSEN BEACH, FL 34957 IN THIS SPACE 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 NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE BRESSAW, ALFRED NAME 654 NE DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 TITLE U00000785730 01/17/08-80011-025 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS City-ST-7P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Hered Bressaw 1-14-08