2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2008 8:00 am DOCUMENT # P94000077551 **Secretary of State** 1. Entity Name 03-03-2008 90194 026 ***150.00 **BILL HARRIS & ASSOCIATES, INC.** Principal Place of Business Mailing Address 331 NE 8TH AVE DELRAY BEACH FL 33483 1030 S. FEDERAL HWY. SUITE 104 DELRAY BCH FL 33483 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 65-0533381 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 SWANK, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) 309 NE 1ST STREET **DELRAY BEACH FL 33483** Zip Code 8. The above named inity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, blood or praited transmol requestiond open and their amplicable. (NOTE: Registered Agent eigenture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1,2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTS : ☐ Delete TITLE ☐ Addition Harris, Liras S. 2808 Casa Day HARRIŠ, LINDA S NAME NAME 331 NE 8TH AVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33344 CITY-ST-ZIP Pero Beach FL 33445 TITLE Delete TITLE Harris, William W. Change Addition NAME NAME 2808 Caza Naz STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 789 TITLE ☐ Delete Change TITLE ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS OTY-ST-2IP CITY-ST-28P Deiete TITLE ☐ Change ☐ Addition 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 Section 119, Fiorida 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 empowered.

SIGNATURE:

FILED