2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P94000081947 CORPORATE ACCESS, INC. 2008 APR 23 PM 1: 36 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA -236 E. 6TH AVE. 236 E. 6TH AVE. TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 No Chg-P CR2E034 (11/05) 04162008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3280080 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENNETT, DANNY DO NOT WRITE 236 E. 6TH AVE. TALLAHASSEE, FL 32303 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 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. П Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BENNETT, DANNY STREET ADDRESS 236 E. 6TH AVE. CITY-ST-ZIP TALLAHASSEE, FL 32303 200125293742 04/23/08--01017--018 **150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP nn F STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 Instee 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytene Phone