2008 FOR PROFIT CORPORATION

FILED Feb 25, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P94000087863 1. Entity Name DIANE E. PETRZALA, P.A. Principal Place of Business Mailing Address 100 COASTAL OAK CR 100 COASTAL OAK CR PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 02212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3284858 Not Applicable \$8.75 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent PETRZALA, DIANE E DO NOT WRITE 100 COASTAL OAK CR PONTE VEDRA BEACH, FL 32082 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 NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PETRZALA, DIANE E STREET ADDRESS 100 COASTAL OAK CR CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 000000839406 03/06/08-80007-002 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 readver or related empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ddress, with all other like empowered

SIGNATURE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DIANGE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO