


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90065 034 ***150.00

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| DOCUMENT # P95000043889 |  |
| 1. Entity Name ROBERT E. BOURNE, JR., CHARTERED | |

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| Principal Place of Business 521 LAKE AVE. SUITE 3 LAKE WORTH, FL 33460 | Mailing Address 521 LAKE AVE. SUITE 3 LAKE WORTH, FL 33460 |
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| 2. Principal Place of Business - No P.O. Box # 101 No. J ST | 3. Mailing Address 101 No. J. ST |
| Suite, Apt. #, etc. SUITE #1 | Suite, Apt. #, etc. SUITE #1 |
| City & State Lake Worth, FL | City & State Lake Worth, FL |
| Zip 33460 | Country USA |



04102008 Chg-P CR2E034 (12/06)

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| 6. Name and Address of Current Registered Agent BOURNE, ROBERT E JR. 521 LAKE AVE. SUITE 3 LAKE WORTH, FL 33460 | |
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| 7. Name and Address of New Registered Agent Name BOURNE, ROBERT E. JR. | |
| Street Address (P.O. Box Number is Not Acceptable) 101 No. J. ST | |
| Suite, Apt. #, etc. SUITE #1 | |
| City Lake Worth | State FL |
| Zip Code 33460 | |

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| 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 <u><i>Robert E Bourne Jr</i></u> DATE <u>4/17/08</u> | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BOURNE, ROBERT E JR. 521 LAKE AVE., #3 LAKE WORTH, FL 33460 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Bourne, Robert E. Jr. 101 No. J. St. Suite 1 Lake Worth, FL 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 an address, with all other like empowered. | |
| SIGNATURE: <u><i>Robert E Bourne Jr</i></u> | DATE <u>4/17/08</u> (561) 586-5151 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |