2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 25, 2008 08:00 AN Secretary of State DOCUMENT # P95000076451 1. Entity Name ANALPA, INC. Mailing Address Principal Place of Business 13854 STONE MILL WAY 13854 STONE MILL WAY TAMPA, FL 33613 US TAMPA, FL 33613 US in the first have the grade and the provide and the first little for the first the many all and the first little for the first little f 02102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3337222 Not Applicable Collega and Carlos for the law of the college of factors of the college of the co \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOONAN, JOHN F DO NOT WRITE 4502 SOUTH HAMPTN CT. TAMPA, FL 33624 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing U00000838306 03/05/08-80025-011 150.00 Trust Fund Contribution. Added to Fees t for the second of the second policies and for the second of the second OFFICERS AND DIRECTORS 10. TITLE DO NOT WRITE NAME **PAVIEL GEKHTIN** STREET ADDRESS 13854 STONE MILL WAY CITY-ST-ZIP TAMPA, FL 33613 TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE the control of the co NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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:

STREET ADDRESS

CITY-ST-ZIP

POUBL GERNTIN PRESIDENT

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Daytime Phone #

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