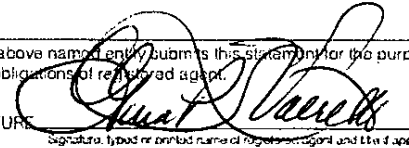
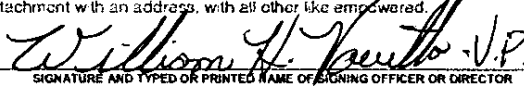


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90002 037 ***550.00

DOCUMENT # P96000003198 1. Entity Name DISCOUNT FIREWORKS OF CENTRAL FLORIDA, INC					
Principal Place of Business 1140 N. TAMiami TRAIL NOKOMIS, FL 34275			Mailing Address 1140 N. TAMiami TRAIL NOKOMIS, FL 34275		
2. Principal Place of Business No P.O. Box # 26555 Jones Loop Rd. Suite, Apt. #, etc. Punta Gorda City & State FL Zip 33951 Country Charlotte		3. Mailing Address P.O. Box 61 Suite, Apt. #, etc. City & State Nokomis, FL Zip 34274 Country FL			
4. FEI Number 39-1840650				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH-VAERETTI, GINA P 1415 FALCON ROAD VENICE, FL 34293			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 the filer (applicable) DATE: June 10, 2008 (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH-VAERETTI, GINA P 1415 FALCON RD VENICE, FL 34293 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VAERETTI, WILLIAM 1415 FALCON RD VENICE, FL 34293 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6/07/08 941-493-7265 Date Daytime Phone #		