2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 01, 2007 8:00 am Secretary of State 02-01-2007 90026 035 ***150 00 **DOCUMENT # P96000021079** 1. Entity Name SANDRA L. MEYER, P.A. Principal Place of Business Mailing Address 40008040 26301 CLARKSTIN DRIVE 26301 CLARKSTIN DRIVE BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 26301 CLARKSTON DRIVE 26301 CLARKSTON DRIVE Suite, Apt. #, etc Suite, Apt. #, etc. 01272007 Cha-P CR2E034 (12/06) City & State City & State 4, FEI Number Applied For 65-0644689 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEYER, SANDRA L Street Address (P.O. Box Number is Not Acceptable) 26301 CLARKSTON DRIVE BONITA SPRINGS, FL 34135 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. 1 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS DTD ☐ Delete TITLE MEYER, SANDRA L NAME NAME 26301 CLARKSTON DRIVE 34135 CLARKSTON DRIVE STREET ADDRESS STREET ADDRESS BUNITA SPRINGS FL 34135 CITY - ST- ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP VPS TITLE □ Delete TITLE Change ☐ Addition MEYER, RONALD L NAME NAME 26301 CLARKSTON DRIVE STREET ADDRESS 34135 CLARKSTON DRIVE STREET ADDRESS BONITA SPRINGS, FL CITY - ST- 7IP FL 34135 CITY-ST-7/P 34135 SPrinGS Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \square Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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 eath; 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.

CITY-ST-7IP

Andra X Meyer SANI SIGNATURE AND TYPED OR PRINTED NAMED SIGNING OFFICER OR DIRECTOR SANDRA L. MEYER /-29-07 (239) 248-7934