


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000087201</b> 1. Entity Name <b>ELECTRONIC DATA PROCESSING, INC.</b>	
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Principal Place of Business <b>6320 TRAIL BLVD. NAPLES, FL 34108</b>	Mailing Address <b>6320 TRAIL BLVD. NAPLES, FL 34108</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04302008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3405693</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KRASKA, KATE 60 SEAGATE DR #501 NAPLES, FL 34103</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSEAU, JOHN A 6320 TRAIL BLVD NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRASKA, KATE 6320 TRAIL BLVD NAPLES, FL
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06/03/08-80044-002 150.00

**DO NOT WRITE  
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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>Kate Kraska KATE KRASKA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/30/08</u> Daytime Phone # <u>239 593 1000</u>