2008 FOR PROFIT CORPORATION

FILED Feb 04, 2008 08:00 AM **ANNUAL REPORT Secretary of State**

DOCUMENT # P96000094151 1. Entity Name D.R. LEWIS, INC. 1.4 Principal Place of Business Mailing Address 6251 99TH CIRCLE NORTH 6251 99TH CIRCLE NORTH PINELLAS PARK, FL 34666 PINELLAS PARK, FL 34666 CR2E034 (11/05) 01142008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3412087 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LEWIS, DEAN R 6251 99TH CIRCLE NORTH PINELLAS PARK, FL 34666 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. U00000811887 SIGNATURE. 92/12/08-8**9924-**016 150.00 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 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LEWIS, DEAN R NAME 6251 99TH CIRCLE NORTH STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 34666 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 fustee 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 address, with all other like empowered.

DEAN LEWIS, Pres

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP THFLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR