2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P97000011185

Entity Name: READS MOVING SYSTEMS OF FLORIDA, INC.

Current Principal Place of Business:

6411 PHILLIPS HWY
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

6411 PHILIPS HWY
JACKSONVILLE, FL 32216 US

Current Mailing Address:

6411 PHILLIPS HWY
JACKSONVILLE, FL 32216 US

New Mailing Address:

6411 PHILIPS HWY
JACKSONVILLE, FL 32216 US

FEI Number: 23-2879572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALLONE, PATRICIA P
6411 PHILLIPS HWY
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

PALLONE, PATRICIA P
6411 PHILIPS HWY
JACKSONVILLE, FL 32216 US

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.

SIGNATURE: 03/25/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STRUM, SR, ROBERT D
Address: 651 PRESERVE VIEW
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D ( ) Delete
Name: COX, ROBERT
Address: 2600 TURNPIKE DR
City-St-Zip: HATBORO, PA 19040

Title: VST ( ) Delete
Name: PALLONE, PATRICIA P
Address: 6411 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32216

Title: P (X) Delete
Name: COOK, GLYN S
Address: 6411 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STURM, SR, ROBIN D SR
Address: 651 PRESERVE VIEW
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D (X) Change ( ) Addition
Name: COX, ROBERT A
Address: 2600 TURNPIKE DR
City-St-Zip: HATBORO, PA 19040

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA P. PALLONE VST 03/25/2009
Electronic Signature of Signing Officer or Director — Date