2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97600012527 FILED 1. Entity Name Aug 04, 2008 08:00 AM Secretary of State SYBIL DESIGN & ILLUSTRATION, INC. Principal Place of Business Mailing Address 2080 HUNTERFIELD ROAD 2080 HUNTERFIELD ROAD MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/08) City & State City & State 4. FEI Number Applied For 59-3444503 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHREINER, ERIC Street Address (P.O. Box Number is Not Acceptable) 2080 HUNTERFIELD ROAD MAITLAND FL 32751 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 crinited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 3, 2008 tate fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change Addition D ☐ Delete U000000957071 SCHREINER, DAWN NAME 2080 HUNTERFIELD ROAD STREET ADDRESS 08/04/08-80008-009 558.75 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP ☐ Delete ☐ Change Addition SCHREINER, ERIC NAME STREET ADDRESS 2080 HUNTERFIELD ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP THE Change ☐ Addition ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST. ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7fP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

JULY 30, 08 407 7829830