2008 FOR PROFIT CORPORATION

May 05, 2008 8:00 am Secretary of State **ANNUAL REPORT** 05-05-2008 90245 012 ***150 00 DOCUMENT # P97000027711 SIDNEY ENTERPRISES, INC. Principal Place of Business Mailing Address 818 90TH AVENUE NORTH 818 90TH AVENUE NORTH ST PETERSBURG, FL 33702 ST PETERSBURG, FL 33702 No Chg-P CR2E034 (11/05) 04282008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3439780 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIDNEY, ALLAN DO NOT WRITE 818 90TH AVENUE NORTH ST PETERSBURG, FL 33702 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SIDNEY, ALLAN STREET ADDRESS 818 90TH AVENUE NORTH CITY - ST-ZIP ST PETERSBURG, FL 33702 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 provide efficiency of the corporation or the receiver or trustee empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

> SIGNATURE AND TYPED OR PRINTED NAM OFFICER OR DIRECTOR

FILED