2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 08:00 AN Secretary of State DOCUMENT # P97000068399** 1. Entity Name MS. MARY'S SCHOOL SOURCE INC. Principal Place of Business Mailing Address POST OFFICE BOX 1533 920 WEST 26TH ST LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 04052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3466735 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOUTH, MARY G DO NOT WRITE 3715 ATLANTIS DRIVE SOUTHPORT, FL 32409 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 ager (and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000931225 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees 05/22/08-80006-012 158.nn 10. OFFICERS AND DIRECTORS TITLE NAME SOUTH, MARY G STREET ADDRESS 3715 ATLANTIS DR CITY-ST-71P SOUTHPORT, FL 32409 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR